# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11024 CERTIFICATE OF DEATH

Reg. Dist. No.11016

o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI		. If institution: b. COUNTY	Residence before		•		
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town) PIKESVIILE	nits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	,	mits, write RUR	RAL and give ne	arest town)	1		
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 1324 Chui	give street oddress) rch Hill Drive.	d. STREET ADDRESS	ch Hill I	rive		e. IS RESID ON A P	FARM?		
DECEACED	irst Middle EVA ABRAMS	Last	4. DATE OF DEATH	10/19		*	ear 9		
Female   6. COLOR OR RACE   White	7. MARRIED NEVER MARRIED WIDOWED A DIVORCED	B. DATE OF BIRTH	9. AC 10s		Months Doys	Hours Hours	R 24 HR Min.		
Oo. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Housewife 3. FATHER'S NAME	done 10b. KIND OF BUSINESS OR INDU	Russia 14. MOTHER'S MAIDEN 1			USA	F WHAT CO	DUNTR		
Bare Goldscheid	der	Frieda	?						
S. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) [If yes, give war or dates of	service)	informant rs. Rose Kand	el Same	Address	\$				
	O (c) NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN	N IN PART 1(o)	19. WAS AI PERFOR	RMED?		
	206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Part II of	item 18.)			-		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work									
21. I certify that I attended the alive on	e deceased from	, 19.5%, ta (	M, from the cappress (Street, c	causes ond		e stoted			
20. BURIAL, CREMATION, 22b. DATE THERE BURIAL Specify 10/20/6:	OF 22c. NAME OF CEMETERY C		22d. LOCATION (	City, town, or more, h	county)  1d.	(Stote)	]		
3. FUNERAL DIRECTOR'S SIGNATURE									

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	o. COUNTY Baltimore MARYL	AND 2. USUAL RESIDENCE (W		If institution: Resider COUNTY	nce before admis	sian)
	BURAL and give nearest town)	Baltin	outside corporate limit	s, write RURAL and	give nearest town	) -L
1	d. NAME OF HOSPITAL (If not in haspital, give street address)  Navyland Masonic Home.	d. STREET ADDRESS 431 N	Clinton	S+.	ON A	FARM?
	3. NAME OF DECEASED (Type or print) John First Henry	Adams, Si	4. DATE OF DEATH	Oct.		Year 19 6/
	Male white widowed Divorces	1/2. 11 18		(In years IF UNDE) irthday) Months yrs.	R T YEAR IF UND Days Hours	ER 24 HRS. Min.
	Oa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OF Swing must of working life, even if retired)  Black Smith.	R INDUSTRY 11. BIRTHPLACE (SION	or foreign country)	12. CI	SA.	COUNTRY?
	James Benjamin Adams	14. MOTHER'S MAIDEN	7			
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or worknown) [If yes, give wor or dates of service) 218-32-2918	Masonic Ho	me Recon	Address Cock	taysvil.	lema
	1B. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	entic Ca	edi veso	cular	INTERVAL BE	DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.				1 dy	w.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	AINAL DISEASE COND	TION GIVEN IN PAI	PERFO	AUTOPSY DRMED?
- 1	OR CONTRIBUTING CLOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in	Port I or Port II of ite	m 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work at work	<ol> <li>PLACE OF INJURY (Home, far factory, street, office bldg., et</li> </ol>	m, 20f. (City or town	)	(County)	(Stote)
	21. I certify that (1) (this haspital) attended the deceased saw the deceased alive an Oct 23 1961, and		M, fram the ca		that (1)	
	Els wett Bakerill	M.D. ATTENDING A	MED. STAFF			6. DATE SIGNED
	22c. PHYSICIAN'S Flizubeth B. Sherr!	11, MD 22d. ADDRESS	oysrille	, Md.		
	23c. NAME OF CEME BURIAL (Specify) 10-25-61 23c. NAME OF CEME Stiff Ce		23d. LOCATION (Cit	ty, town, or county)  Virgin		le)
	Mm. Cook, Inc., 1217 St. Paul Street			25b. REGISTRAR'S SI		

DATOCT 2 5 '61

aring S. Kraus

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physicion and completely fulled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

hours ofter death. Page 4

PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed wi

the state of the s THE PROPERTY OF THE PARTY OF TH Street provide the Last No. 1, consider an TO SSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be used within 24 hours after the start. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3. NAME OF DECEASED CATTON Month Day Year DEATH OF THE UNDER YEAR IF UNDER 24 YEAR OF DECEASED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16.)  3. NAME OF DECEASED CATTON GIVEN IN O. SECRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 16.)  4. DATE OF BIRTH OF THE World Month Day Year OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 16.)  5. SEX   16. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours of Day Industry of Death Hours of Day Industry of Death But Not Related to The Terminal Day Industry of	-	11026	CERTIFICATE	OF DEATH		11018
b. CITY OR TOWN (if outside corporate limits, write RUMANAME C. LENGTH OF STAY IN 1D write RUMANAME (i) outside corporate limits, write RUMANAME of HOSPITAL OR INSTITUTION (If not In hospital, give streat address)  d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give streat address)  d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give streat address)  d. STREET ADDRESS  J. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give streat address)  d. STREET ADDRESS  J. DATE  Middls  Lest  ANDATE  OF THE  MIDDRESS  AND THE  MIDDRESS  JOHN TO  JOHN (If outside corporate limits, write RUMAN and John NAME)  J. STREET ADDRESS  J. DATE  Month  DAY  Month  DAY  YES  LOST  AND THE  JOHN (If outside corporate limits, write RUMAN and John NAME)  J. DATE  J. DAT	1,					n: Rasidanca bafore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  write RURATE and the nearest lown)  With RURAL and give nearest lown)  A. NAME OF HOSTITAL OR INSTITUTION (If not in hospital, give streat address)  J. NAME OF DECEMBER  3. NAME OF DECEMBER  1. DATE Month Day Year  DECEMBER  1. DATE Month Day Year  1. DATE OF BETH  2. CHIZEN OF WHAT COLUMN AS STATE OF BETH  2. CHIZEN OF WHAT COLUMN AS AUTHORS A	V	V7 1	MARYLAND	a. STATE Md.	b. COUNTY	Balton
d. NAME OF HOSTITATION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  3. NAME OF DECEASED First  3. NAME OF DECEASED FIRST  1. DATE Month Days Year DEATH  1. DATE Month Days Year DEATH  1. DATE Month Days Year DEATH  1. DATE Month Days His Under 1 Year IF Under 1 Year Of DEATH  1. DATE OF DEATH  1. DATE Month Days His Under 1 Year IF Under 1 Year Of DEATH  1. DATE OF DEATH  1. DEATH WAS CAUSED BY, MARDEN NAME  1. DEATH WAS C		b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporata limits, writa RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF DECEAGED (Type or print)  5. SEX  6. COLOR OR RACE / MARRIED   NEVER MARRIED   B. DATE OF BIRTH   DEATH   DEA		THE HOUSEN		XPARKY	TTO TOW	SON
3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  WIDOWED   DIVORCED   J - 20 - 1878   Signification of work done during most of working life, even if relined)  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if relined)  11s. FATHER'S NAME  11s. CAUSE OF DEATH (Enter only one cause per lina for (e), (b), and (c), PART I, DEATH WAS CAUSE BY, USUAL OCCUPATION (B), and (c), INTERVAL BETWEEN LIMITED AND DECEASED (COUNTING)  11s. CAUSE OF DEATH (Enter only one cause per lina for (e), (b), and (c), PART II, DEATH WAS CAUSE BY, USUAL DUE TO Conditions, If any, which gave rise to immediate cause (e), stating that underlying cause lest.  20 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED   20b. FINJURY (Home, Ferm., 20l. (City or town) (County) (Ste Hour e.m.) Not While Not While Reidow, street, office bidgs, ste.)		d. NAME OF HOSPITAL OR INSTITUTION (IF not In hospital	al, give streat address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
DECERSED  (Type or print)  S. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  10. DATE OF BIRTH  S. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRIED  WIDOWED NO DIVORCED  DIVORCED  DIVORCED  1-20-879  9. AGE (In years If LUNDER 1YEAR IS UNDER 1YEAR IS UNDER 1YEAR IS UNDER 2X Hours of Hour		1439 PUTTY H	ILL Rd.	1 1439	PUTTY HILL	(3)   [7] [7]
5. SEX    6. COLOR OR RACE  7, MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 17 EAR   IF UNDER 24   Igst birthday)   Months   Days   Hours   Hours	3.		Middla	Last 4.	DATE Month	Day Yaer
Top. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11c. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY  11d. MOTHER'S MADE NAME  11d. MOTH		- /TI/ERING	- /	- Ivacidal it	004	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11c. BIRTHPLACE (County & State, or foreign country)  11c. CITIZEN OF WHAT COUNTRY  11c. FATHER'S NAME  11d. MOTHER'S MADEN	5.	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH		
done during most of working life, even if refired)  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECTASED EVER IN U.S. AFMED FORCES? (Yes, no, or unknown) (lifyas give watar delas of sarvice)  16. SOCIAL SECURITY NO. 17. INFORMANT  Addrass  18. CRUSE OF DEATH (Enter only one causa per lina for (e), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate cause (e), stating the undarlying customer of contributing to Death aut not related to the terminal disease condition given in Part 1(a) 19. WAS AUTI-  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH aut not related to the terminal disease condition given in Part 1(a) 19. WAS AUTI-  PERFORM  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Ste Milla Not Whilla	1	CITIE WILL		-20-181	8 83 yrs.	
13. WAS DECEASED EVER IN U.S. ANAED FORCES?  14. MOTHER'S MAKE  15. WAS DECEASED EVER IN U.S. ANAED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address:  BERNARD  Address:  BERNARD  Address:  BERNARD  ANDRATHY  SPINITERVAL BETWE ONSET AND DR  INTERVAL BETWE ONSET AND DR  INTERVAL BETWE ONSET AND DR  TO  Conditions, If any, which gave rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORM YES NAME  Address:  Address:  ANDRATHY ONSET AND DR  ONSET AND DR  TO  CONTRIBUTING CAUSE (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORM YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II/Q item IB.)  OCT TIME OF INJURY MEDICAL EXAMINER)  While Not THE OF INJURY (Home, ferm, 201. (City or town)  INTERVAL EXAMINEN  ONE ONE ONE ONE ONE ONE ONE ONE ONE		one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or loraign country) 12-	1/CN
15. WAS DECEASED EVER IN U.S. MAED FORCES? (Yes, no, or unknown) (Ifyes give weder detes of service)  18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (e),  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e)  DUE TO  Conditions, If any, which gave rise to immediate cause (e), stating the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORM  YES NO  OR CONTRIBUTING CAUSE OF DEATH (Inter only one cause per line for (e), (b), and (e), and (	12	HT home		VIRGIA	VIA	USA
15. WAS DECEASED EVER IN U.S. AMAED FORCES? (Yes, no, or unkown) (Ifyes give water dates of service)  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO-  PERFORM YES NO  20a. ACCIDENT WAS UNDERLYING OPECATED CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part III item IB.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, ferm, ferth, street, office bidg., atc.)  While Not While Street, office bidg., atc.)	1"	1 Th		A . A . A.	FAIT	,
Servard   Serv	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SO	CLAL SECURITY NO. 17 II	HORMANT NIC	FENION Addrass	J
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO  Cause lesi.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORM  YES NO  20a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert i or Part III item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Statelength) (Statelengt	(Y	as, no, or unkown) (Ifyasgiva water datasofsarvica)	1	22.12.21	1 Audant	Lu same
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO  Cause lesi.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORM  YES NO  20a. ACCIDENT WAS UNDERLYING OP CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert i or Part III item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Statelength) (Statelengt	-	18. CAUSE OF DEATH [Enter only one cause per line	for (e), (b), and (c),	CRNARA	K. HNOKHI	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM YES NO OP. CONTRIBUTING CAUSE OF DEATH OP. CONTRIBUTION CO	1	PART I, DEATH WAS CAUSED BY:	mu- I	- 0 5 0		ONSET AND DEATH
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gava rise to immadiata causa (a), stating tha undarlying (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORM PERFORM YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR COURSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stately, office bidg., afc.)		A	Comme	y Soleri	nia	20 ms.
Causa last.    Columb   Causa last.   Columb   Causa last.   Columb   Causa last.   Ca		gava rise to immadiata causa				
Delutation and Survey of States of S		anne lest				
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, Hour a.m. Whita Not Whita isotory, street, office bidg., atc.) (City or town) (County)	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, Hour a.m. Whita Not Whita isotory, street, office bidg., atc.) (City or town) (County)	S. P.	Marked De	Willtalin	01.00		YES NO
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, Hour a.m. Whita Not Whita isotory, street, office bidg., atc.) (City or town) (County)	RTH	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED.	(Entar natura of injury in Pert i	or Part II d item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Student a.m. Whila Not Whila lactory, street, office bldg., atc.)	1					
- demonster de	PIC.			CE OF INJURY (Home, ferm, 2 cry, street, office bldg., atc.)	201. (City or town)	County) (Stata)
	ME	p.m. 19 at work	*at work		B A + 1	
21. I certify that (I) (this hapital) attended the deceased from 19.61, that (I) (we		0 +2				
saw the deceased alive on			19.4., and that	death occured at	A, from the causes and o	n the date stated above 22b. DATE
ATTENDING MED. STAFF		228. SIGNATURE	= 1 . ( )			SIGNED
22c. PHYSICIAN'S DIRECTOR PHYS. 10-1-		22c. PHYSICIAN'S	. Warm	-	0 10	10-1-61
NAME JOSEPH F. hi Piga 8400 hoch Cover BLVD Balls		NAME THAT JOSEPH	F. Li Piren	8400	horth Koven	BLVD. Bally M
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State	23		3c. NAME OF CEMETERY C		id. LOCATION (City, town or co	unty) (Stafa)
BURIAL MIHI (1) HOLY REDEEMER BALTIMORE MI		BURIAL (Spacify)	Holy Red	pemer.	BALTIMOR	e md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			'S SIGNATURE
L. J. Ruck 5305 HARFORD Rd. DATE OCT 3 61 Cather & Known	1	1. Kuck 5305 F	HARFORD	PO. DATE OCT	3 '61 Cathe	2. Known

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL PESSARCH AND PECOPOS 301 W APPSTON STREET BALTIMORE 1 MARYLAND

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ř.	11027		CERTIFIC	ATE OF DEA	TH		Reg. D	ist. No.	101	fa
1. PLACE OF DEATH	TIMORE		MARYLAND	2. USUAL RESIDENCE o. STATE El ken		lived. If institution b. COUNTY				on)
b. CITY OR TOWN (II RURAL and give no	f outside carporate limi arest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			URAL and	give neo	irest tawn	)
	River		1	-Middle-Ri				- Way		
or institution	At (If not in hospital, g	give street	oddress)	d. STREET ADDRESS	es Road	7	o X	-3	e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fie		Middle	Last	4. DATE OF DEATH	Mon	nth	Da	,	fear
S. SEX	Et.		RIED NEVER MARRIED	Anthony B. DATE OF BIRTH		9. AGE (In years	IF UNDE	R TYEAR	IF UNDE	9.61
Female	White	WIDOWI		6-4-1873		lost birthday) 88 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (St	ote or foreign co	untry)	12. CI	TIZEN OF	WHATC	OUNTRY"
Housew	ing life, even if retired	)			Noth Car	rolina	U	SA		
13. FATHER'S NAME	Cockerham			14. MOTHER'S MAIDE						
15. WAS DECEASED EVER		CECO IT	COCIAL CECURITY ALO	INFORMANT Emeline	HILLIEY	Add				
[Yes, no, or unknown]	If yes, give wor or dotes of s	arvice)				26.33		- 1	1.7	
No		1	one 1	125 Ormes Ro	ad	Mr Marre	oryAV	· KAN	thon	<u>y</u>
Conditions, if or gove rise to it couse (o), stoling lying cause lost.	mmediate (	)							7	
PART II. OTH  20g. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Part	Il of item 18.)				
ZGc. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yes	ar 20d, II While of wor	Nat while fi	LACE OF INJURY (Home, f actory, street, office bldg.,		or tawn)		(Caunty)		(State
21. I certify the	at Lattended the	deceas	ed from that deat	, 19 <u>60</u> , ta h accurred al <u>3:30</u>	AM, fram t	23, 196/, he causes an	id an th	ast sav e date	the description that the stated	eceased abave
ACTUAL	ours	em	enoff	MD-2108	Ores	no I	Zel .		10 K	3/6
PHYSICIAN'S NAME (Type)	-ouis	735	MENSEF	Ballen	use 20	, Md				
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CREMATORY	1	ON (City, town,			{Stote	9)
Burial 23. FUNERAL DIRECTOR"		201	ADDRESS	24o. R	EC'D BY REGISTR	n North			RE	

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arthur S. Kraus

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VS A15 (4) 15M 9/58

TRULL The contract of the second AS THE RESERVE AND THE PARTY OF The second secon Vol. 1. Office a con-D, S, A1 Text. (a) - 11 - 11 The transfer of the text of th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1102 71030 the funeral director, should be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown)
Rural: Towson d. NAME OF HOSPITAL III not in hospital, give street, oddress OR INSTITUTION EUCOWOOD Sanatorium d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A Towson L. Maryland NAME OF Middle Month Year DECEASED (Type or print) 6 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lqs) birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED T DIVORCED | O yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired; tired. Title & Inv Co.N Retiredpuo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ema 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Personal History Address 8-01-4980A Hospital Records. no Eudowood Sanatorium 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOCCLEROTIC HEART DISTASE wellnown DUE TO RTERIOSCIERGIS. SENERAL Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from detached and that death accurred at 127.5 M, from the causes and on the date stated above. alive an DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE 70 PHYSICIAN'S Milton B. Kress, M.D. Eudowood Sanatorium, Towson 4, Maryland NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) burial Congressional Cem. Washington, D.

ADDRESS

24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

Chillian & House

DATE OCT 1 B '61

TO HOSPITAL OR A 12/01 WS1 12/01 WS1

23. FUNERAL DIRECTOR'S SIGNATURE

hours after death. Page

death certificate be

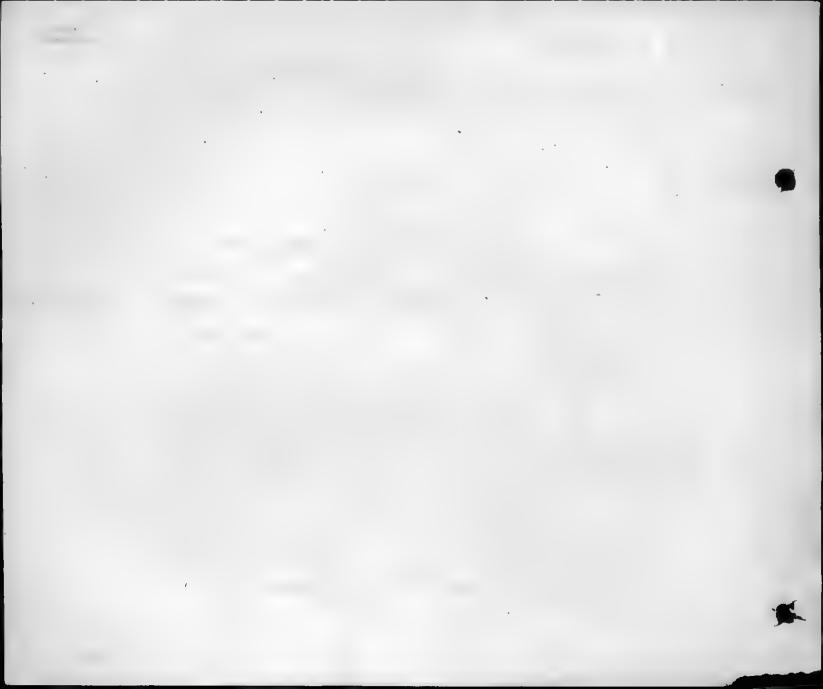
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	a. COUNTY  a. COUNTY  b. COUNTY  b. COUNTY
	JUITINOSE MAILE MAY Card Jallement
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural- gental 40 years & Sample at - Test
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTRUTION  ON A FARM?
,	Lower Beellynigh Pl Lower Beelly will ted YES NO [
	3 NAME OF OF First Middle Last 4. DATE Manth Day Year
	Type or print) ( Day 1961) 196
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HIS lost birthday)   Months   Days   Hours   Min
	Marle (1) to WIDOWED DIVORCED
	10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
	dufing most of working life, even if retired)
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ()
	4. 13.001- 2.1
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? LA. SOCIAL SECURITY NO. 17, INFORMANT  Address
	(Yes, no, or unknown) ( ) (If yes, give war or dates of service)
	- M. 218-30-3841 Mes My The Baublety Harafeled K
	18 CAUSE OF DEATH [Enter only one couse per line for (st. (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Utule (resum Occhused). 12 Kom
i	4201 DUE TO
	Canditians, if ony, which ) (b)
	gave rise to immediate DUE TO
	lying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NOTE:
	20a ACCIDENT WAS UNDERLYING 12- 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING 12 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manih, Doy, Year No. m. 20d INJURY OCCURRED While Nat while of work of wor
	Haur o. m. While Nat while of work of work of work of work of work
	21. I certify that (I) (this hospital) attended the deceased from GCf 21 1961, ta Gct 21 1961, that (I) (we) la
	saw the deceased alive an Oct 21 1961, and that death occurred a 125 th, from the causes and on the date stated above
	22a SIGNATURE 22b, DATE
	M.D. PHYS DIRECTOR PHYS STAFF
	22c PHYSICIAN'S / 122d, ADDRESS
	(NAME (Type) Sose of E 13 USG MD HANDSTFAD MONY/GNO
	23d BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stote)
	COMOVAL 4Specify) Car 24/6/ Square But ED ED THE
	24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	TIE tom - Z'bere - Helle frelland lill DATE OCT 27'61 Godbur & Kraus

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with VR A15 (4) 15M 9/59

4 hours after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) y is necessary, I director. Page or your files. a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1h write RURAL and give nearest town) Baltimore Raltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B 8008 Harford YES TO NO T 8008 Harford Road 3. NAME OF Middle DATE Month DECEASED (Type or print) October DEATH 61 19 B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male WIGOWED [ Page 5 s 1 and s 1 and s IOn. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during roost of working life, even if retired) alesman | North (arolina 14. MOTHER'S MATDEN NAME pages 1 within 13. FATHER'S NAME Monroe Bean May Barbee it. File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes give war or datas of service) 18. CAUSE OF DEATH Enter only one cause par line for same Office along w burial-transit pr INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction **DUE TO** Conditions, if any, which Coronary Artery Thrombosis. (b) geve rise to immadiate causa "pending" rg. g the word "pending f Medical Examiner's should be used as DUE TO (e), stating the underlying ould be used a cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES TE NO 4 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS the Chief Med R: Page 3 shour PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20a, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) While Not While factory, street, office bldg., atc.) Nease execute the certificate, w I should be forwarded to the 1 O FUNERAL DIRECTOR: Pa It is designated agent, prior the et work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection and in my opinion death resulted from: Natural ceuses X. Ackident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER TO DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10/27/61 EXAMINER'S Charles S, Petty, M.D. Addresses Date THEREOF | 226. NAME OF CEMETERY OF CREMATORY NAME (Type) Addrass (Street, city, town, or county) 228. BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 9 YS. A15ME DATE .0CT 3 0 '61 eonard in Ruck 2:05 Harjord Road #11; circling & Kraus



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	NRECTOR: After this certificate has been signed by the attending physician and campletely rifled in by the funera	NRECTOR: After this certificate has been signed by the attending physician and campletely rifled in by the funeral of be lletached for use as the burial-transit permit. Then please remove corban papers Pages 1 and 2 shauld be

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	11	033		CERTI	FICA1	E OF D	EATH	1		Reg. Dist	. No	T023
1.	PLACE OF DEATH a. COUNTY	Baltimore	)	MARY		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (II RURAL and give ne Dundalk		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR I	own (if a	-	ate limits, write l	RURAL and gi	ve nearest	town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g				ON A					RESIDENCE ON A FARM? ES NO S	
3.	NAME OF DECEASED (Type or print)	EDWARD Fir	st	Middle EARLE		tos BEARRY	h	4. DATE OF DEATH	Octob		Day 17,	Year 19 61
5.	Male	6. COLOR OR RACE	7- MARRI WIDOWE	DIVORCE		eb. 4.		S	P. AGE (In years lost birthday) 66 yrs	Manths [	_	Ours Min.
5	during most of work	IN (Give kind of work ing life, even if retired	done 10b. I	-		Y 11. BIRTHPL		or foreign cou		12. CITIZ	ENOFW	HAT COUNTRY?
13	Edward Be	S 799977				14. MOTHER'S		M. McK	ongio			4
15 (Y	. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.	Wm/	RMANT				lress		
	1	nmediote (	1 /	Planky	64	7051		LUN	95.		INTERV ONSET	AL BETWEEN AND DEATH  PLAT
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON								VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO 🕠
1		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED. (	Enter nature of	finjery in P	Part I or Part I	Il of item IB.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Doy, Yes	or 20d. IN While of work	Nat while	20e PLACE factor	OF INJURY () y, street, office	dame, farm, bldg., etc.	, 20f (City o	or town)	(Co	unty)	(Stote)
	21. I certify the alive on	at I attended the	decease . 19_6 Vr cc	. / -	death of	. 33			ne causes are set, city or town, of AVE	nd an the		ne deceased ated abave DATE SIGNED
l _	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CEME					on (City, town, ate, Md.			(Stote)
23.	FUNERAL DIRECTOR'S		Dun <b>d</b> al	ADDRESS				BY REGISTR	AR 24b. REGI	STRAR'S SIGN		

DATE OCT 2 0 '61

arthur & Krous



law requires that the death certificate be executed ar attending physician, s certificate has been si e retained by the haspital a ERAL DIRECTOR: After this shauld agod 9 VR A15 (4) 15M 9/59

hours after death.

NAME (Type) Dr. Clarence E. McWilliams

1/90

230 BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)

Burial

10/5/61

24. FUNERAL DIRECTOR'S SIGNATURE

872851 berty Road

Ren dallstown, Md.

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 6 '61 CITILIN'S. Human

Carroll

fown, or county)

Maryland

23d. LOCATION (City



TO PSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expressed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

TO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use mental transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the 22 hours after death-

5-9

VR A15 (4)

15M 9/60

ed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

Edgar F. Lassehn, 7401 Belair Rd., Balto. Maryland DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4102K
CERTIFICATE OF DEATH

71099	CERTIFICATI	OI DEATH		LAUGO
1. PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If institution	Residence before edmission)
Baltimore		a, STATE	b. COUNTY	
b. City OR TOWN ('f outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	Maryland	outside corporate limits, write RURAL a	and nive nearest town)
write RURAL and give nearest town)	75 -		1 6	1 1 4
Fort Howard	15 Days	Baltimore	6 -5 1	V/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	piter, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Veterans Administration Ho	spital	4315 Raspe	Avenue	YES NO
3. NAME OF First	Midd e		. DATE Month	Dey Year
(Type or print) CHARLES	R.	BEHRMANN	DEATH October	26 19 63
5. SEX 6. COLOR OR RACELY MADDIE	D NEVER MARRIED X	DATE OF BIRTH	9. AGE (In years   IF UNDE	
Mala		1 -	last birthday) Months	Deys Hours Min.
			887   74 yrs.	
done during most of working life, even if retired)	IND OF BUSINESS OR INDUST	11, BIRTHPLACE (County	& State, or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
Cutter	hing Mfg. Co.	Baltimore, M	aryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Otto Behrmann		Rosina Lobe	and the same of th	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. 1		Address	~~~
Yes, no, or unkown) (If yes give war or detes of service)	2 05 2706	linical Recor	ds VAH, Baltimore	18. Maryland
18. CAUSE OF DEATH [Enter only one cause per 1	ウーヘン・コエンロー・モ	ort Howard Di	vision	INTERVAL BETWEEN
		~400747 7377470	TAX	ONSET AND DEATH
IMMEDIATE CAUSE (a) POST	EROLATERAL MYO	JARDIAL INFARC	TION	5 HOURS +
To ? DUE TO				
Conditions, if any, which (b) TERT	CORONARY ATHER	ROMATOUS OCCI	USION	UNKNOWN
geve rise to immediate cause				
DDOG	TATIC ADENOCAR	CTNOMA "		UNKNOWN
			L DISEASE CONDITION GIVEN IN PA	
Bronchopneumonia, Right  200. ACCIDENT WAS UNDERLYING   206. DES  OR CONTRIBUTING   CAUSE OF DEATH  Off CHIHER, NOTIFY MEDICAL EXAMINER)				DEDECORMED?
a pronchopheumonia, wight				TOTT AES XX NO [1]
20e. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter herure of injury in Pai	it I of Pert II of Item 18.	
	Pr A	CE OF INJURY (Home, ferm, lory, streat, office bldg., etc.)	20f. (City or town) (C	ounty) (Slete)
Hour e.m. While		ory, areas, ornice stugs, etc./		
21. I certify that (this hospital) aften	dad the deserved form	Oatobon 17 16	Ca to October 26 1	061 that 00 (wa) lost
21. 1 Certify margas (mis nospiral) allem	10 /a I I I	The Land Control of the La	26 to the contract of the	About the state of
saw the deceased alive onOct 26	1761., and that	death occured at	704, from the causes and on	the date stated above.
220. SIGNATURE		ATTENDING ME		226. DATE , SIGNED
The same start	M	10.	ECTOR PHYS.	10/26/61
22c. PHYS.CMN'S NAME (Type)		22d, ADDRESS	ODE 10 10 2000 **	ALIAND NEWSATEAN
SEBASTIAN RUSSO, M.D.		ANH RATTIM	ORE 18,MD.,FORT H	OWARD DIVISIXON
230. BURIAL, CREMATION, 236. DATE THEREOF	23c, NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	
REMOVAL (Specify) Burial 10-30-1961	Loudon Park	Cemetery	Baltimore	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D	BY REGISTRAR   256, REGISTRAR"	SIGNATURE

OCT 3 0 '61

arthur & Krome



TO CENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceed within 24 hours after be as the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 llours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

		MARILAND SIATE DEPARTMENT OF REALTH	
<b>DIVISION OF STATI</b>	STICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
11036		CERTIFICATE OF DEATH	11026

- 6									
١.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission						
	•	Baltimore Marylar	ND B. STATE B. COUNTY						
J	ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
71		Fort Howard 2 days	Baltimore - 27						
7	X '	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?						
	3.	Veterans Administration Hospital	5511 Dolores Avenue YES NO X						
		DECEASED	I OF						
		JOHN R.	BELL DEATH October 21 1961						
	٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthday)   Months   Days   Hours   Min.						
		Male White WIDOWED DIVORCED							
	10e	. USJA. OCCUPATION (Give kind of work ne during most of working life, even if retired)	OUSTRY 11. B.RTHPLACE (County & State, or toreign country) 12 CITIZEN OF WHAT COUNTRY						
		riation Mechanic Dept. of Agric	ulture Waynesboro, Penna. U.S.A.						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		Leroy C. Bell	Elsie Stoops						
/		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT Clinical Records VA Hospital						
	ş ra:	yes WW 11 215-12-7431	Baltimore 18, Md - FORT HOWARD DIVISION						
	7	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	I INTERVAL BETWEEN						
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) URE TA	ONSET AND PEATH O MONTHS						
		1115× DUETO							
		Conditions, if eny, which \ (b) NEPHROSCLEROSIS	UIKHOWN						
		geve rise to immediate couse	And the state of t						
		(c), steting the underlying Course lest.  (c) HALIGNANT HYPER	TENSION UNKNOWN						
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
	5 1		PERFORMED:						
	FIC	200. ACCIDENT WAS LINDERLYING THE LOOP DESCRIBE HOW INJURY OCC	CURED, (Enter nature of injury in Pert ) or Pert II of item 18.)						
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE PROPE							
	MEDICAL		e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.)						
	MED	Hour a.m. While Not While et work at work	today) attacy attach programmer						
21. I certify that (1) (this hospital) attended the deceased from Oct. 19									
		saw the deceased alive on Oct. 21, 1961, and	that death occured at						
		22e, SIGNATURE	22b. DATE						
		Execut Jaunder	MD PHYS. DIRECTOR PHYS. 2 10/22/61 SIGNE						
		22c PHYSICIAN'S	22d. ADDRESS						
		NAME (Type) ELLIJAH SAUNDERS, M. D.	VAH, BALTO, ND, FT HOWARD INVISION						
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME							
		REMOVAL (Specify) BURIAL 10/25/61 BALTIMOREN	MITIGIAL Baltimore 28, Maryland						
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1			OCT 2 4 '61 Caribus & Trans						
10		HURBARD Funeres Home, 1107 Wilkins Av	esalto, kutori						



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PLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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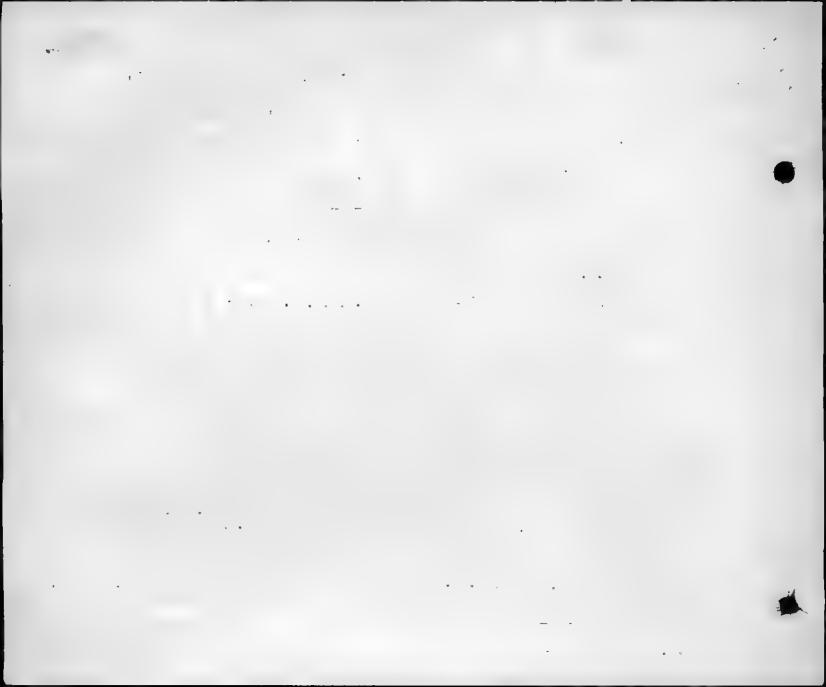
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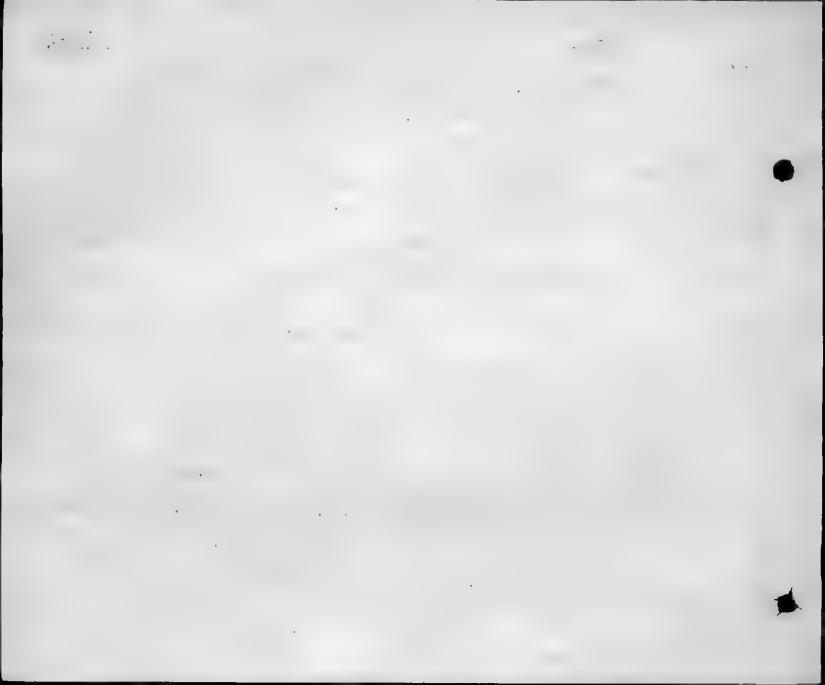
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11027

	o. COUNTY Raltimore			MAR	YEAND 2	usual RESH a STATE Maryla	p <b>ence</b> (wi nd	here decease	d lived. If instituti b. COUNTX	ion: Residen	ice befor DPC	e admiss	ion)
	b. CITY OR TOWN (I RURAL and give no		ts, write	c. LENGTH OF STAY	IN 16				orate limits, write R	URAL ond	give nea	rest town	1)
-	Catonsvill					-		wille	28				
	d. NAME OF HOSPIT OR INSTITUTION Harlem	Tal (If not in haspital, g	jive street	address)	2	d. street a		idge I	Road				FARM?
3.	NAME OF	Fir	wh	Middle		Los		4. DATE	Mor		Do		Yeor
	DECEASED (Type or print)	ROBERT	Edmu		_	BERG		OF DEATH	OC7	T'.	100	-	196/
5	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARR	ED   8. 0	ATE OF BIRTH	1		9. AGE (In years			IF UND	ER 24 HRS.
_	Male	White	WIDOWI		- 1 -	-28-19			last birthdoy) 55 yrs.	Months	Days	Hours	Min.
10	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11, BIRTHPL	ACE (State	or foreign o	ountry)	12.CIT	IZEN OF	WHAT	COUNTRY?
	Salesman	king mo, even in remod		Funeral Su	pplies	Balt	imore	.Md					
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	VAME					
	Dehout	T T Domeson			1	0.7	ine R	hand.					
15.		F. I. Rerger	CES? ITA	SOCIAL SECURITY NO	), 17, INFO		THE B	OHO	Add	ress			
	es, no, or unknown)	(If yes, give wor or dotte of s	ervice)				_	6000	_			7	
	Yes	WW 2	24	0-10-3934	Mrs	R.E.L	.Berg	er 232	3 Garden	Riage			
		ATH [Enter only one co	nze bet lit	ne for (a), (b), and (c)	.]							RVAL BE	
	PART 1, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1[a]	lignant Bra	in Tw	nor.	stro	cytoma					
	192.0	) DUE TO						•					
	Conditions, if o	nv. which )											
	gove rise to i	m mediate											
	couse (a), stating										1		
1,	lying cause last.	) (c		COLUMN TO THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER	ATH AUT NO	T. D.C.   1700 T.	7115750111		CONTRICTOR OF	200 L IN 1 D 4 D	NT 11 1 11	D. MALAC	LUTORCY
CERTIFICATION	PART II. OII	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	AIH SUI NO	II KELATED TO	IHE IERM	INAL DISEAS	E CONDITION GI	AFN IN LYI	(1 1(0) 1	PERFC	RMED?
ERT IFI	20a. ACCIDENT WA	CAUSE OF DEATH	20b DES	CRISE HOW INJURY O	CCURRED. (	nter nature o	f injury in	Port I ar Par	rt It of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Hour ' a. m. p. m.	RY Month, Day, Ye	or 20d. It While at war	NJURY OCCURRED  Nat while  t at work	20e. PLACE factor	OF INJURY (I	Home, form bldg., etc	n, 20f. (City	y or town)	(	County)		(Stote)
	21 I certify the	at (1) (this hospital	1 attend	led the deceased	from	ril 29	19	60 to	Oct. 15,	19	61, th	at (I) i	wel last
		sed alive on Oct											
	22a. SIGNATURE	90 01146 011,3223		- 1/_ <u>0.4.7 OHC</u>	i iliui deu	T	J UI	CHI, HOIN	-vie cooses of	10 011 111	e dole		
	Zh	Erry d.	Ka	reso 1	M.C	ATTENDING	A MI	ED.	STAFF PHYS		10/	/16/	B.DATE SIGNED
	22c PHYS CIAN'S	1.00	Y	19/17		22d ADDRE		TRECTOR L	71113 []				
	NAME (Type)	Harry L. Ki	ipp,	I D.		411.6	"चेग्राः	ndson	. venue	7&1 to	. 39	}, 7	1.
23	o. BURIAL, CREMATIC	ON, 23b. DATE THEREG	)F	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCA	TION (City, town,	or county)		(Stot	e)
	REMOVAL (Specify)	10-18-6		Stade	hne			ET 14 a	ott City.	3.64			
24	FUNERAL DIRECTOR		<u> </u>	ADDRESS	11112		25a PEC1	D BY REGIS		STRAR'S SI	GNATUR	SE.	
		bothom, Elli	cott									-	
	L.O. UTRTIII	O O O LI CORT D ENGINEE	-0000	V = -0 7			PAUCI	1.8 '61	. Clath	n & to	ALLA.		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on a. COUNTY Baltimore a. STATE **b.** COUNTY Md. Baltimore MARYLAND b. CITY OR TOWN (if outside comprete limits c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 deat write RURAL and give neerest town) Baltimore after Baltimore Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Forest Haven Nursing Home 1074 Craftswood NAME OF DATE Yeer Middle DECEASED OF (Type or print) Isabella DEATH 1961 Fannie 26 Bieswanger October 6. COLOR OR RACE 17. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months female white 1886 WIDOWED TX DIVORCED I STEVENY C 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) retired Dressmaker Baltimore. Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Shelley Isabella Godfrey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or detes of sarvice) 216-07-890B Lillian E. Merris 1074 Craftswood Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 260 DUE TO Conditions, if any, which (b) geve risu to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONDIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? NO 1 20b. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of Item 18 ) 20s. ACCIDENT WAS UNDERLYING [] ā OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., atc.) Not While While Hour a.m. et work at work 21. I certify that (I) (this hoppital) attended the deceased from the saw the deceased alive on... 22b. DATE 22e. SIGNATUR ATTENDING SIGNED n DIRECTOR PHYS. PHYS. M.D. page with ti 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Byerly. York Road 123c NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b REMOVAL (Spenify)

Woodlawn Cemetery

ADDRESS

Howard H. Hubbard 4107 Wilkens Ave. #29

Baltimore Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

arthur & Krown

DATE OCT 3 0 '61

Page 4
FUNERAL ector, P F B VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

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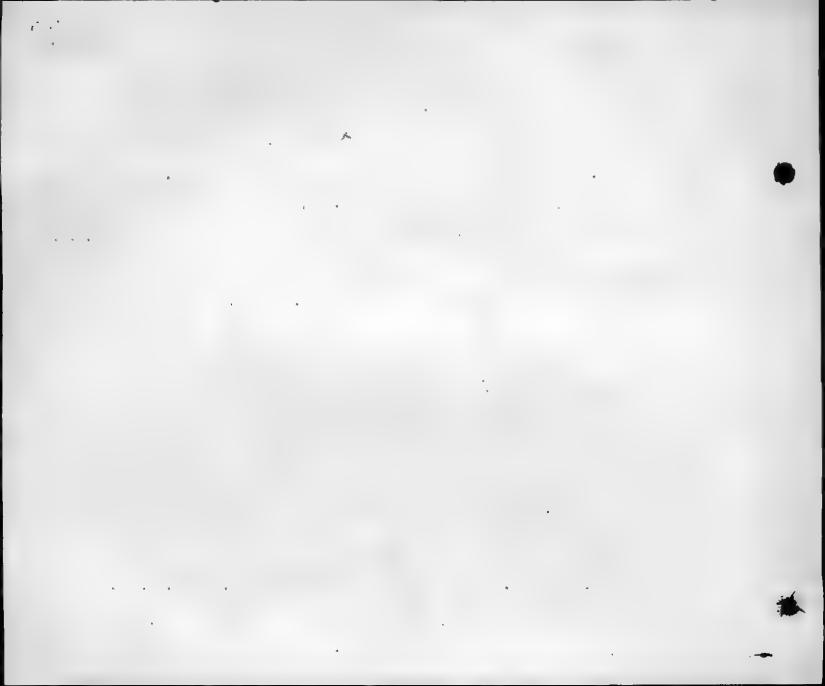
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

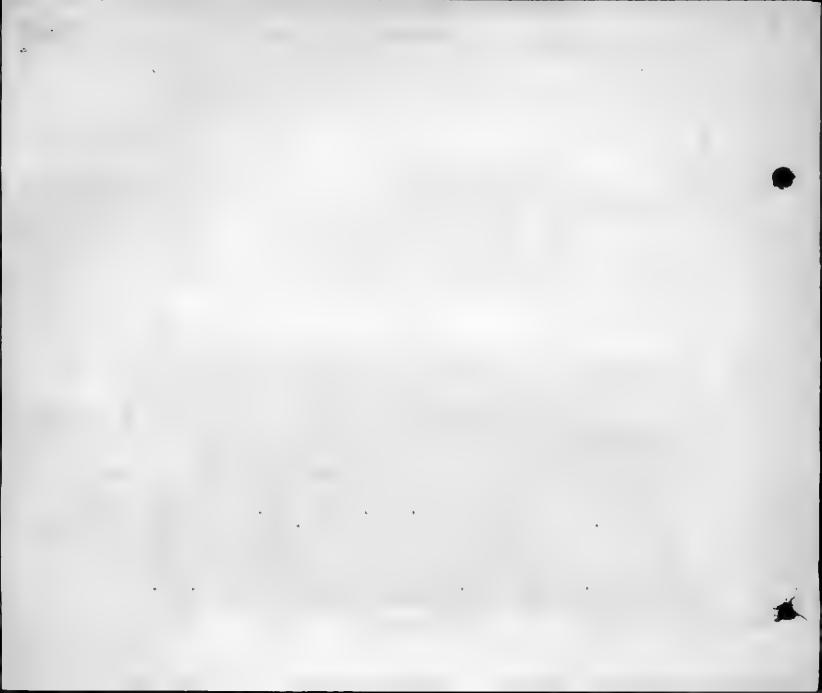
	11047	CERTIFICA	ATE OF DEATH		Reg. Dist. N	. LLUST
1.	PLACE OF DEATH, O. COUNTY OF DEATH OF D	MARYLAND	2. USUAL RESIDENCE (Who STATE	[] b. (p	WEITY // //	fore admission)
(	b CITY OR TOWN (If autside corporate limits, write RUPAL and give nearest-town)	c. LENGTH OF STAY IN 15	Calous (If ou	tside corporate limits, v	rite RURAL and give n	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION OVER	oddress)	177 WW	ter a	ee	e, IS RESIDENCE ON A FARM? YES   NO
	NAME OF DECEASED (Type or print)	2 Middle Bl	lackwell	4. DATE OF DEATH	Month 1	Day Year 1961
J	remale Colored WIDOWE	D XX DIVORCED	May 7 /8	9. AGE (In Jost birth	years IF UNDER 1 YEA day) Months Doys	
	D. USUAL OCCUPATION (Give kind of work done 10b. duking most of working life with if settred)	KIND OF BUSINESS OR INDU	maryla	ud	12. CITIZEN	S, A
	John H, Tho	rue	Martle	a-in	Sknow	И
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. , No of unknown) [If yes, give war or dates at service]	SOCIAL SECURITY NO. 17	da Webb-	177 Www	es ave,	Palmerille
	18 CAUSE OF DEATH [Enter only one couse per line PART 1, DEATH WAS CAUSED BY:				IN OI	TERVAL BETWEEN
	IMMEDIATE CAUSE (o)	Mitra	al Insuffici	ency		7 🎝 Days
	Canditions, if ony, which ) (b) H		2			
	gove rise to immediate couse (a), staling the under-	ypertensive	GOL CLO TICHA	I DISCUSE		
	lying couse last. (c)					
CERTIFICATION	PART #1. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19, WAS AUTOPSY PERFORMED? YES NO [8]
	20g ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	art I or Port II of item 1	B )	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d IN Haur a. m. White p. m. 19 at worl	Not while for	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(Count	y) (Stale)
	21. I certify that I attended the decease	ed from Oct. Is	t., 19 бІ, юОсі	7th 19	6I that I last	saw the deceased
	olive an Oct. 7th 196	and that death	occurred at 5.301			
	ACTUAL SIGNATURE 6 7 MENO	ney Mp		odress (Street, city or ters Lane	IO/7	/6I
		1. D <b>/</b> ,	Catonsvi	lle, 28.	Md.	
_	BURIAL CREMATION, 225 DATE THEREOF	aner)	R CREMATORY.	20 LOCATION (City, 1	e )	(State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ROCKU	ulse		REGISTRAR'S SIGNAT	
_3	Capert L. ynsween		med. DATE OC	1 3 '61	Chilling S. Fir	هده

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within me is retained by the haspital or attending physician.

TO FURERAL LIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pathe registrar prior to burial, cremation, ar remayal. and in any event within 72 hours after death VS A15 (4) 15M 9/55

24 hours after death. Page 4

ely do in by the funeral director, Pages 1 and 2 should be filed with



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physician

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### MARYLAND STATE DEPARTMENT OF HEALTH

	-	1043	ION OF	STATISTICAL RESEAR CERTIFI		TE OF DE		MORE 1, A	MARYLAND		11	1033
1 PLACE OF o. COUNT	TY.	Baltimore	•	MARYL	AND	2. USUAL RESIDER	nce (wh		l lived If institution b. COUNTY		e before $\alpha$	
RURAL	Ellic	ott City		47 yrs.		c CITY OR TOWN (If autide corporate limits, write RURAL and a  Ellicott City  d. STREET ADDRESS  Westchester Avenue						
	OF HOSPITA	L (If not in hospitol, g Westches									e. IS RESIDENCE ON A FARM? YES NO X	
3 NAME OF DECEASED (Type or p	)	Chris		Middle Agnes		last Blum		4. DATE OF DEATH	Mon	Oc		Year 4, 1961
5. SEX Fer	male ]	6. color or race White	7. MARR	RIED NEVER MARRIED ED 🛣 DIVORCED		8. DATE OF BIRTH	1880	)	9 AGE (In years last birthdoy) 81 yrs			OUTS Min.
10a, USUAL of during n	OCCUPATION HOUSE	N (Give kind of work in ig life, even if retired BWITE	done 10b.	Own Home	1NDU:		E (Stote		ountry)	12. CITI2	U S	HAT COUNTRY
13. FATHER'S		enry Thome	14. MOTHER'S MAIDEN NAME Elizabeth Brown									
15. WAS DEC (Yes, no, or unk NO	rown)   (If	IN U. S ARMED FOR yes, give wor or dates of s		Social security no None	1	FORMANT Lester H	I. Bl	um We	Add stcheste			y, Md. icott
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)												AL BETWEEN AND DEATH
Condi	Conditions, if ony, which (b)								-	nu <sup>m.</sup>		
cause (	rise to im o), stating th ause lost,		Arti	woodente t	lar.	dio-Vas	mla	UD	isease	/	27	ears
CATION	PART II OTHE	R SIGNIFICANT CON	DIT ONS C	CONTRIBUTING TO DEAT	<u>гн</u> 8UT	NOT RELATED TO TH	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	P	WAS AUTOPSY PERFORMED? ES NO

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While of work Not while at work p. m

20s. PLACE OF INJURY (Hame, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(Caunty) (State)

21 1 certify that (I) (this haspital) attended the deceased fram Qet 1961, and that death accurred 3 P.M. from the causes and an the date stated above. saw the deceased alive an Co. 220 SIGNATURE

22c PHYSICIAN'S NAME (Type) William F. Gassaway

22d. ADDRESS

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION (City, town, or county)

Baltimore, Md. 25b. REGISTRAR'S SIGNATURE

**ADDRESS** ome Catonsville, Md.

250 REC'D BY REGISTRAR

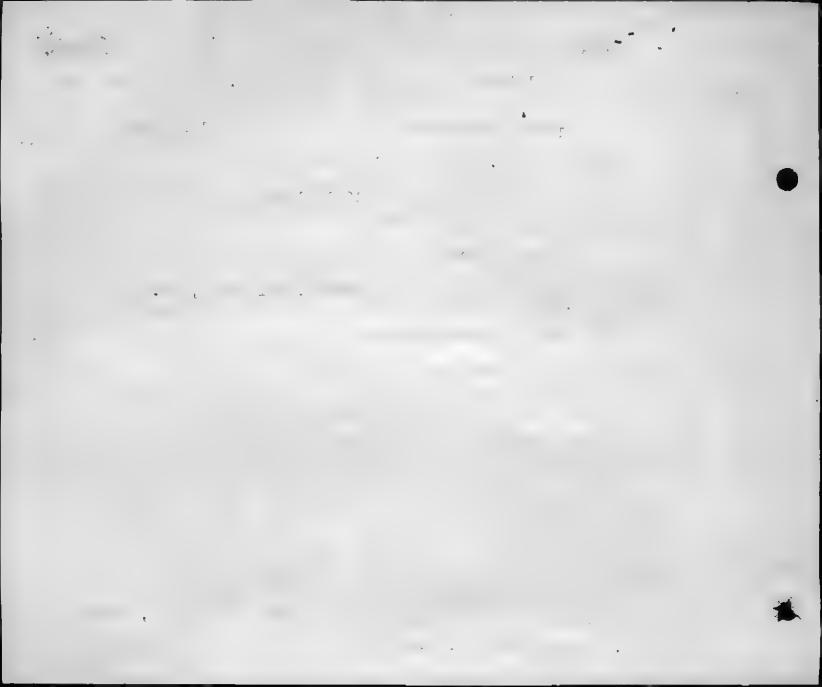
Ellicott City, Md.

Carthur S. Kraue

VR A15 (4) 15M 9/59



 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence before edmission) Page e. COUNTY b. COUNTY files.  ${ t Baltimore}$ MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 and 3 to the funeral director. c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest lown) write RURAL end give nearest town? d. NAME OF HOSPITAL OR WHITEHOUSE ior Boar e. IS RESIDENCE ON A FARM? be retained the state B YES NO XX 3. NAME OF DATE DECEASED with the (Type or print) S. SEX AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Months 2, and and 72 h 100. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) in pencil in Item 18, Give Pages 1, Emmett Loand Office along with form 16. SOCIAL SECURITY NO. 17, INFORMAN U.S. ARMED FORCES? Bollinger, Adjr permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary Occlusion 10 min IMMEDIATE CAUSE (e) DUE TO Hypertensive C.V. Disease Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO (a), stating the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? Medical Is Obesity NO X 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Port I or Port II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Engel forwarded to the Chief L DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While et work at work more 1 21. I certify that I look charge of the remains described above, held an Autopsy ... Inspection [54]. Inquiry X. and in my opinion Natural causes (X) death resulted from Accident , Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, ctty, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Baltimore, Maryland New Cathedral Cemetery 40 Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE OCT 3 1 '61 VS. AISMI Howard H. Hubbard 4107 Wilkens Avenue arthur S. Throng 5M 7/59



VS A15 (4) 15M 9/58



completely

and

physician

signed by

DIRECTOR

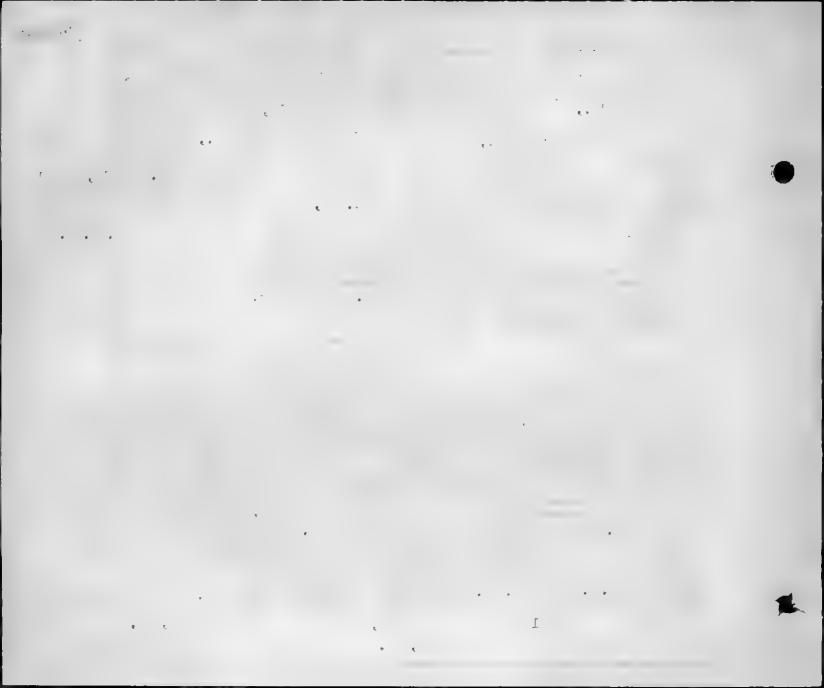
JO L



24b. REGISTRAR'S SIGNATURE

Uning S. Thomas

24a. REC'D BY REGISTRAR DATE 0 TT 2 4 '61

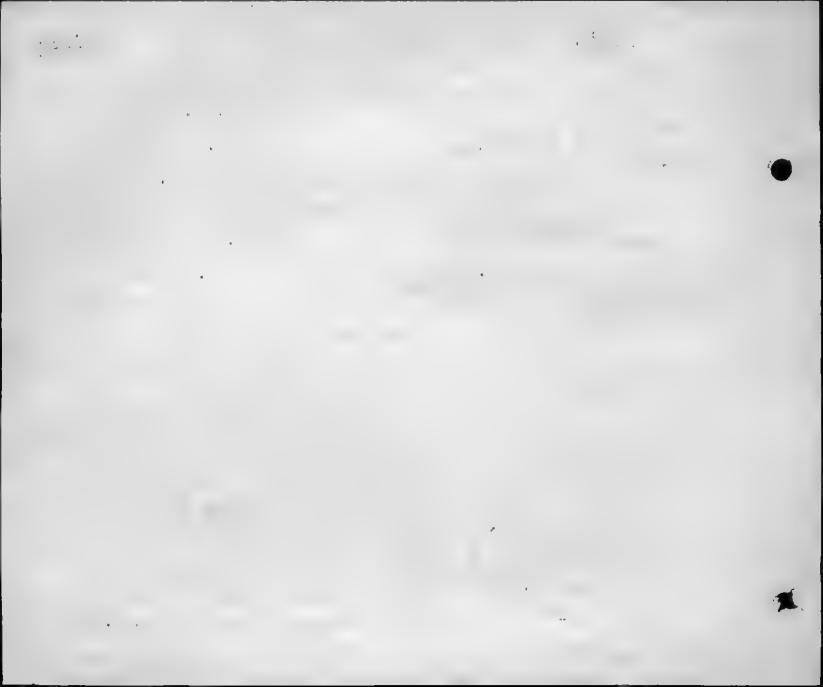


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11049 CERTIFICATE OF DEATH director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH d. COUNTY Baltimore o. STATE Mary land filed b. COUNTY Baltimore MARYLAND the funerol a should be fil c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 164 RURAL and give nearest town) Baltimore 7(Rockdale) Baltimore 7(Rockdale) 7 vrs. d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? 3662 Clifmar Road \$662 Clifmar Road YES NO X 2 P 4. DATE Middle Month Year NAME OF DECEASED 19 61 Paul October Sia Brown DEATH (Type or print) Poges IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years **B DATE OF BIRTH** SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED completely lost birthdoy) Months Days Haurs after 52 White DIVORCED | Sept. 15.1909 Male WIDOWED | popers. 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) hours during most of working life, even if retired) U.S.A. General Baking Co. Maryland Engineer puo pon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cecelia Combs Jacob Brown remove 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Ellen C. Brown, Baltimore 7, Maryland IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 212-03-3588 pleose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH VENTRICULAR STAND STILL PART I, DEATH WAS CAUSED BY: ₽ IMMEDIATE CAUSE (a) DUE TO COMPLETE HEART BLOCK permit. Canditians, if ony, which gned gave rise to immediate DUE TO CORONARY SCLEROSIS cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES 🗀 NO 🗷 hos 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH cole (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form, 20f (City or town) (State) 20c TIME OF INTURY Doy, Year 20d INJURY OCCURRED (Caunty) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21 I certify that (1) (this hospital) attended the deceased from JANVARY, 1961, to OCTOBER, 1961, that (1) (with last CTOSER 331961, and that death occurred a 220k, from the causes and an the date stated above detoche saw the deceased alive an EC R: 22o. SIGNATUE ATTENDING PHYS MED. STAFF PHYS M.D. 22c. PRYSICIAN'S σ NAME (Type) 1331 Reisterstown Rd, Pikesville 8, Md. Samuel P. Scalia FUMILIAL 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) poge the St REMOVAL (Specify) Maryland 10/26/61 Baltimore New Cathedral Cemetery Buria] 0 25b REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR 24% FUNERAL DIRECTOR'S SIGNATURE 8728 Liberty Road DAT 9CT 2 6 '61 Randallstown, Md. Orithus S. Harra





AND RECORDS, 301 W. PRESTÓN STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before admission) PLACE OF DEATH a. COUNTY Page b. COUNTY a. STATE Maryland Harford director, Pagror your files. Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give neerest town) 엉 Havre de Grace, Md. days Catonsville Board d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Franklin St. 518 Spring Grove State Hospital YES NO aje 3. NAME OF Fiest 4. DATE Month OF DECEASED England Burlin Hughes DEATH (Type or print) 19 61 Oct. With AGE (in years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED TIEVER MARRIED 5 m and 2 w 82 yrs. Months and WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Thibaldwa Dav P.M.3. Pe B pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unikylown Mary A. 9 Carrol 7. INFORMANT vewarordatas of services No Records: Grove State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along virtal ONSET AND DEATH ART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which gave rise to immediate cause 10 DUE TO (a), stating the underlying pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT METATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8. 19. WAS AUTOPSY PERFORMED? 8 NO T O 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 MEDICAL 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, the Chie R: Page 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While ite the conformation in the AL DIRECTOR: Parent, prior fr at work at work D.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 122 EXAMINER'S George M. Kieffer, plnods NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify)
Burial 10-23-1961 Hopewell ö Cemeterv Port 0 Deposit REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FENERAL DIRECT VS. A15ME Y 5M 7/59



AARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funera 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Resider e. COUNTY a. STATE **b.** COUNTY the T Baltimore MARYLAND deathr and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN ( f outside corporete limits, write RURA), and give negrest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town! 6 Days .== Baltimore Fort Howard filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE YES NO Veterans Administration Hospital Westover Road elely 3. NAME OF Middle 4. DATE Month DECEASED OF Como (Type or print) DEATH ROBERT 0. October carbon 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH pue Months Hours Days DIVORCED event, Mala White WIDOWED [ 67 February 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Coun. & State, or foreign country) physician Геттоу 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Wine Steward Country Woodstock, Maryland Paltimore U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Arthur U. Butts Mary E. Everhart 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkewn) | (If yes give wer or dates of service) Yes. 218-03-5332 Clin Rec VAH Baltimore Md-Ft Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH r attending physician. has been signed by th PART I. DEATH WAS CAUSED BY: THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY 2 WEEKS IMMEDIATE CAUSE (a) **burial-transit** DUE TO ARTERIOSCLEROSIS, GENERAL Conditions, If eny, which **UNKNOWN** (b) gave rise to immediate cause DUE TO (e), steting the underlying certificate ha PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? 93 Emphysema of Lungs: Arteriosclerotic Heart Disease 20a ACCIDENT WAS UNDERLYING | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of item 1B.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this defached MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Courty) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. el work el work may be refaine DIRECTOR: / 21. I certify that X) (this hospital) attended the deceased from Sept. 29.2 19.61 to Oct. 5 ....., 19.61, that (X (we) last 99 ....19.61., and that death occurred at 30 M, from the causes and on the date stated above. saw the deceased alive on Oct. should State 22a SIGNATURE ATTENDING. STAFF £ 84 10-5-61 PHYS. D RECTOR PHYS. FUNERAL 22d. ADDRESS 22c, PHYS.CIAN NAME (Type) John W. Pemberton M.D. VAH Baltimore Md - Ft Howard Division 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) Baltimore Maryland Baltimore National Burrial

6009 Harford Road

Baltimore

ON A FARM?

Year

19 61

(State)

226. DATE

(Steta)

256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Chilma X Trans

DATIOCT 1 0 '61

SIGNED

director, be filed 0 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Wm.Cook-Blight



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fines in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 haurs after death.

86

ZZAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

TO HO

VR A15 (4) 15M 9/59

nours ofter death Page 4

11044

\	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. o. STATE Maryland b.	If institution: Residence before admission) COUNTY Baltimore				
)	b. CITY OR TOWN (If outside corporate limits, w RURAL and sive nearest town)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Essex 21					
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1/13 Ann Ave.		d. STREET ADDRESS 1713 Ann Ave.  o is residence on a farm? yes not					
1	3. NAME OF First Middle DECEASED (Type or print) Carry Altern Collision Sp.		Lost 4. DATE OF DEATH Oct	Month Day Year				
	City AT COIL CALLINGAIN DI		B. DATE OF BIRTH 9. AGE	ober 29 1961 (In years IF UNDER 1 YEAR IF UNDER 24 HRS				
	MSTE MITTE		August 13, 1894   67	irthday) Months Days Hours Min.				
	10o. LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?				
	Plummer Constru		Maryland  14. MOTHER'S MAIDEN NAME	USA				
1	George Calligan		Mary Elizabeth Abbott					
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown)  1 (If yes, give wor or dotted of service)							
	No	213-10-2570	Anna Elizabeth Callig	an Same				
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:		P	INTERVAL BETWEEN				
	IMMEDIATE CAUSE (o).							
	Conditions, if any, which )							
	gave rise to immediate cause (a), storing the under DUE TO							
	lying couse lost. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \sigma \) NO (A)							
)	YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)							
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m., p. m. 19 of work							
	p. m. 19 of work of work							
	21. 1 certify that (I) (this hospital) ottended the deceosed from 19 to							
	saw the deceased alive on 1944, and that death accurred of A.M., from the couses and on the date stated above							
	Attending MED. STAFF 19/35/6							
	PAME (Type) ROBERT J. LYDEN 815 EASTERNAVE BLUT 211							
1	230 BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)							
1	Burial 11/1/61 Belair Memorial Gardens Belair, Maryland							
	FUNERAL DIRECTORS SOMATURE	ADDRESS		SS. REGISTRAR'S SIGNATURE				
	James E. Bruzdzinski 14	107 Eastern Ave.	oGCT 3 1 '61					



death:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



haurs ofter death!

requires that the deoth certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



funeral by the land 2 seath. by # .E T. s Pag hours etely paper 7 physician affending ā certificate After this 4 may be retaine.

DIRECTOR:

3 should be de ate filed De gire VR A15 (4) 15M 9/60

CERTIFIC,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmissjon) e. COUNTY b. COUNTY Baltimore Maryland MARYI.AND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give neerest town) Fort Howard 32 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO West Ostend 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH JOSEPH 1961 CIARK October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BRTH AGE (In years LIF UNDER 1 YEAR last birthday) Months VIDOWED DIVORCED February 19, 1896 65 yrs. Male WIDOWED [ Negro 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Public Building Max Meadows Virginia Stationary Engineer U. S. A. 13. FATHER'S NAME Austin Clerk Alice Grogans Inical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes a ve wer or detes of service) WW I 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] FORT HOWARD DIVISION INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF STOMACH WITH METASTASIS TO UNKNOWN IMMEDIATE CAUSE (e. ABDOMINAL ORGANS DUE TO (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Operation-10/3/61 Exporatory Laparotomy, gastroenterestomy NO K 200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Pert I or Pert II of Item 18., OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 1 2Df. (City or lown) (County factory, sireet, office bidg., etc.) Not While Hour a.m. at work et work 21. I certify that XI) (this hospital) attended the deceased from September 25, 1861, to October ... 27, 19.61, that (bx (we) last ....19 61., and that death occured at A. M. from the causes and on the date stated above. saw the deceased alive on ... October 27. 22e SIGNATURE PHYS. DIRECTOR PHYS. 22c. PHYSISLAN'S 22d. ADDRESS NAMETHOMAS CRAHAN. VAH, BALTO. 18 MD., FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23Ь. REMOVAL (Specify) 10/ Baltimore National Cemetery 28, Maryland Burial Baltimore

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Chilling & Krous

OCT 3 0 '61

24 FUNERAL DIRECTOR'S SIGNATURE Charles Rice.661 W. Barre St. Balto.Md. S. France ) nome of

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Durage Chil

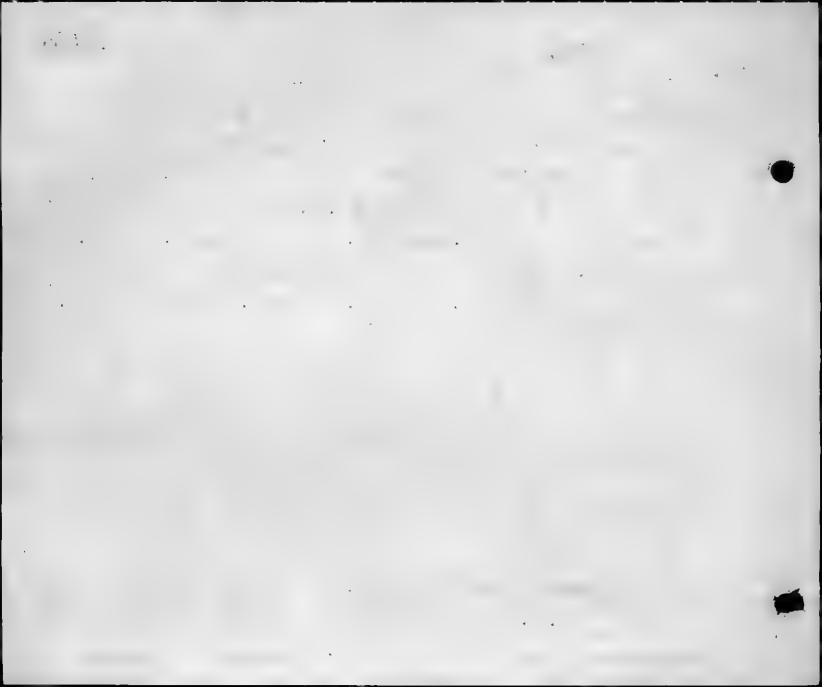
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 11058 CERTIFICATE OF DEATH director, filed with 2. USUAL RESIDENCE/(Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY COUNTY filed MARYLAND Baltimore funeral N Alf outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) wilson Maryland e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION ON A FARM YES NO Wilson State Hospital 4. DATE Yeor NAME OF Middle Month Day OF DEATH DECEASED 19 (Type or print) ofter death IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely lost birthdoy) Months Doys Hours DIVORCED T WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR INDUSTRY 11. BIRTHP dying most of working life, eight fretired) 12 CITIZEN OF WHAT COUNTRY? pup ban 72 h 13 FATHER'S NAME physician remave cark law requires that the death certificate Address ARMED FORCEST SOCIAL SECURITY NO. 17 INFORMANT 16. Mt. Wilson State Hospital attending please any INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which **DIRECTOR:** After this certificate has been signed by the betached for use as the burial-transit permit. remaya gove rise to immediate DUE TO cause (a), stating the underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACC:DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month. Doy, Yeor 20d, INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while ot work at work p. m. prid 1960 to 10.31 \_, 19\_6\_(, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... and that death accurred at 10. Ream the causes and an the date stated above. \_\_ 19. [2] saw the deceased alive an...... Q. 22b, DATE 22o. SIGNATURI MA SIGNED ATTENDING STAFF PHYS M.D. PHYS. DIRECTOR | 22c PHYSICIAN'S 22d. ADDRESS NAME (Type Wilson State Hospital. Wilson. Md. Newcomer. page 3 sh the State 23g BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 11/2/61 Leonardtown Alovaius 0 25b. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE DATE NOV 2 '61 Ciching S. France VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE KFALTH DEPT . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY Health, Baltimore b. COUNTY MARYLAND durid Him 's b. CITY OR TOWN (if outside corporete l.mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nacrest fown) Dunda: Ik 10 Months Chester d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Res. 855 Loalan Avenue Chester, Maryland State 3. NAME OF Middle DATE DECEASED CLARA: CIENDANTEL October (Type or print) MARY DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED With 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (ast birthdey) Months Female March 15., 1873 WIDOWED DIVORCED T 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) II.S.A. None House Maryland pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Lewis Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no. or unknwn) | (Ifyetgivewarordetasofservice) Mrs. Edw. Staab 855 Loalan Ave. 22. Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Beise PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) r's Office s a burial-i removal<sub>s</sub> Office **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the undarlying 100 Examiner causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e): 19, WAS AUTOPSY CERTIFICATION the word Medical Ex 8 PERFORMED plnous 206. DESCRIBE HOW INVERY OCCURED VEnter nature of injury in Part I or Part II of Ham 18.) 20a. EXTERNAL CAUSE WAS e 3 sho burial PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) Month, Dey, Year 20f. (City or town) (County) (State) SE. Not While fectory, street, office bldg., atc.) While Hour a.m. prior et work al-work forwarded to ! 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 14. and in my opinion death resulted from: Natural causes 12. Accident | Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE EXAMINER'S Melvin B. Davis. M.D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial ₽40 Stevensville 10-19-1961 Stevensville, Maryland 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **V5. A15ME** 5M 9/60 Funeral Home Church Hill. Md. DATOCT 2 0 '61 Christ S. Maris



115 m # 13 Film & 453 MARYLAND STATE



TO IT SITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be x within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

You with the standard by the hospital or attending physician.

You with the standard by the hospital or attending physician.

You with the standard by the hospital or attending physician and company filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

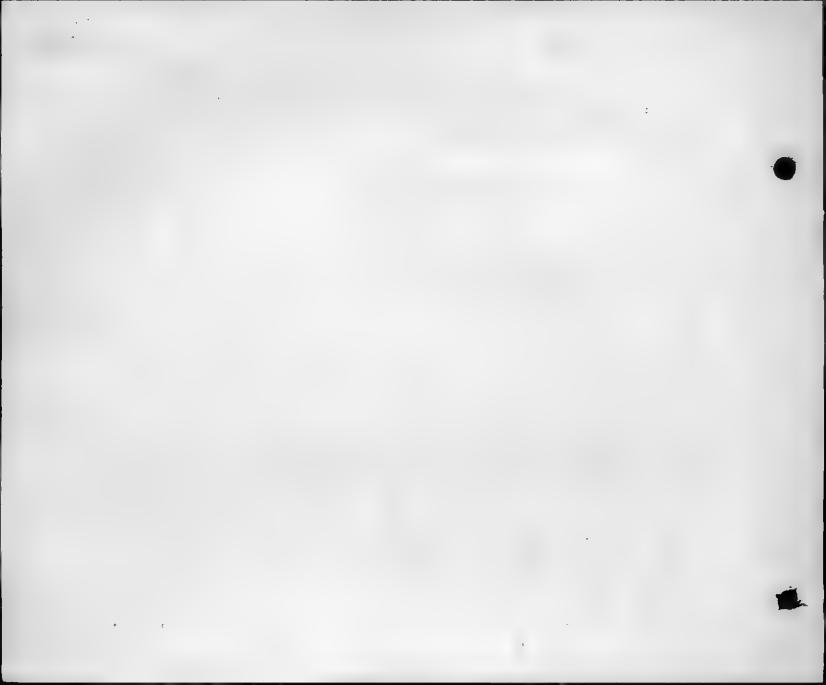
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11061 CERTIFICATE OF DEATH
11051

VI.	1. PLACE OF DEATH			2. USUAL RESIDENCE			fore edm ssion)		
Л	e. COUNTY			a. STATE	b. COUN				
4		imore_	MARYLAND c. LENGTH OF STAY IN 16	Maryland	Utside corporete I mits, write	ltimore	-A. 81		
-1	b. CITY OR TOWN (if ou write RURAL and giv	iside corporate limits, a nearast town)	c, LENGTH OF STAT IN IS	CITT OK TOWN (IF 6)	utside corporere i mits, write	KUKAL end give neere	ist town)		
	Timoniu	· · · · · · · · · · · · · · · · · · ·	5 years	7 Timoniu	ım				
- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)			ad STREET ADDRESS		} •-	IS RESIDENCE		
1		is residence	e 1824 Vista	Lane.	Y	ON A FARM?			
	3. NAME OF DECEASED	First	Middle		DATE Month	Dey	Yeer		
	(Type or print)	William	Franklin C		DEATH Octo	ber 22	19 61		
ľ	5. SEX   6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED     B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						JNDER 24 HRS.		
	Male	White   WIDOWE		July-1-1898	63 yrs.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11 BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?								
	Retired	Maria Control of the							
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME				
	CLIN	TON LTE CRATT	רק	MINUIE M.	icMackin				
	15. WAS DECEASED EVER II (Yes, no, or unkown)   (Ifyes		SOCIAL SECURITY NO. 1 17. 1	NFORMANT	Address				
	no		5-05-2007 (r	s Edith G. Cra	wford (wife)	1894 Vista	Lane.		
4		18. CRUSE OF DEATH [Enter only one cause per yea for (e,, (b), and (c) ]  [INTERVAL BETWEEN ONSELIABIO DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PULLUPARY UMPLY SOURCE STORY								
	502,0 DUETO ADIOLOS ASSOCIANTE								
Conditions, if any, which (b) Caralle Old Wellelle							ext 3		
	geve rise to immediate	D II TO							
	(e), stelling the underlying course lest. (c)								
	The state of the s								
	PERFORMED? YES NO IV								
	E ZO. ACCIDENT WAS	LINDER VINIC 1 ( 20h DES	CRIRE HOW INT. IPY OCCURED	(Fater nature of injury in Pari	Lor Pert II of Jam 18.3				
	PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AULOPS.  PERFORMED?  YES NO (CONTRIBUTING CAUSE OF DEATH SUIT OF PORT II								
	\$ 20c. TIME OF INJURY	Month, Day, Year   2Dd.		CE OF NJURY (Home, farm,	2Df. (City or town)	(County)	(Stete)		
	20c. TIME OF INJURY Hour a.m.	While	1401 AA HITO	ory, street, office bldg., etc.)					
		17		11 Al) 10	60 . O() 22	10/8 t short	(I) (are) last		
	21. I certify that	TUO F	ded the deceased from	11\1	M from the source	,,	( ) ( - )		
-1	saw the deceased	alive on	IIY, and that	death occured at	./vi, irom ine causes	and on the date	2264 DATE		
	220 SIGNATURE	les F. Frid	7	ATTENDING MED	STAFF		10/25 ISNED		
	22c. PHYSICIAN'S 1								
	NAME (Type)	Mantha L.	KIIZ MID	- Ku uu	weren p	- cuceous			
	23e. BURIAL, CREMATION REMOVAL (Specify)	236. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stele)		
	burial	Oct-25-61	Green Mount_			re City 2,	Md		
	24 FUNERAL DIRECTOR'S		ADDRESS		BY REGISTRAR 256. REG				
	Stewart & 'lo	wen_Co. 108-"-	Morth-Av, alto	. 1, Md DATEOCT	24'61   Cla	Chur S. Thank			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH. 2. USUAL RESIDENCE (Where decresed lived, If institution, Residence before admiss on) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits e. LENGTH OF STAY IN 16 limits write RURAL and give nearest town? write RURAL and givenearest town Ξ. filled e. IS RESIDENCE d. NAME OF HOSPITAL ON A FARM? YES NO M 3. NAME OF DECEASED (Type or print) DEATH Sest births sy 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED DIVORCED T WIDOWED X physician 1Ds. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Tarmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pleas attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1201 Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO. 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED, (Entar nature of injury to Part Lot Jem 18.) OR CONTRIBUTING CAUSE OF DEATH (State) 2De. TIME OF INJURY 20d, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 1 2Df. (City or lown) (County) Month, Dey, Year Not While factory, street, office bldg., etc.) While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. O.C.T 196 , to.... ..., 19.6 , that (I) (we) last saw the deceased alive on...Ot 22b. DATE SIGNED DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S NAME (Type) O FUNI director, be filed 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION (C.ty. Jown (Stela) BURIAL, CREMATION, 1 23b DATE THEREOF REMOVAL (Specify) -PUNERAL DIRECTOR'S SIGNATURE 2Sb. REGISTRAR'S VR A15 (4) Cathan S. Krace 15M 9/60



250. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN: The low requires that the death certificate be executed



TO FUNERAL DIRECTOR: VR A15 (4) 1SM 9/59

18 Film

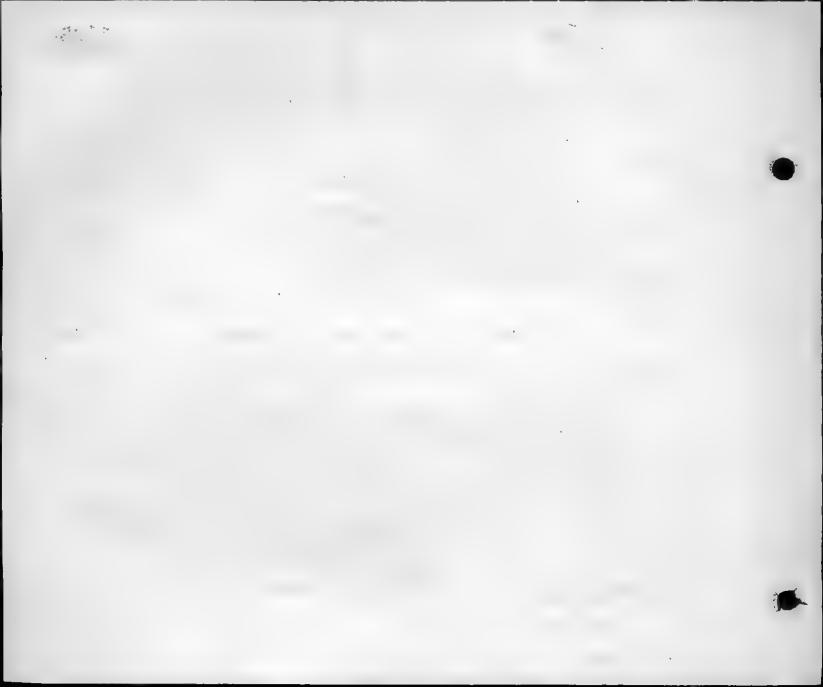
2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO 🔀 Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY Records. Mt. Wilson State Hospita INTERVAL BETWEEN (10)MICONSET AND DEATH 4 mo. GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO D (County) (Stole) 196 /, that (I) (we) last M. Fram the causes and an the date stated above. 22b DATE SIGNED Mt. Illson State Hospital 23th LOCAT ON (C ty. tawn, ar county) (State) 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11066 CERTIFICATE OF DEATH director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY filed o. STATE Maryland b. COUNTY Baltimore MARTIANO the funeral shauld be fi b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Linthichum Heights Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION HOUSE in The Pines ON A FARM? 25 300# Eva Avenue YES NO T E NAME OF 4. DATE First Middle Last , Year DECEASED DEATH Pages (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH campletely MARRIED NEVER MARRIED Months Dovs Hours after White WIDOWEDNER DIVORCED April 27, 1886 Female YES. papers. haurs 10g USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TISA At Home Housewife Hungary and pan 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ĕ physician Martin Lichtenstein Unknown гета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY INC. 17. INFORMANT Address Mr. George Desi- 300 Eva Avenue no attending please 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ihe **DUE TO** 4 Conditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stating the underbeen si lying couse last. attending physician. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🔀 200. ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or tawn) (County) (Stote) Б factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. detached far 19 6, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from... , and that death accurred at 42M, from the causes and an the date stated above. saw the deceased alive an by the FUNERAL DIRECTOR: 22a SIGNATUI 22b DATE SIGNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS. 3 shauld be M D ehained 22c. PHYSICIAN'S 22d. ADDRESS page 3 she the State B 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION. 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) (emd 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR arthur & Krous VR A15 (III) Levinson & Bros. Inc. 6010 Reist Road DESIR 15M 9/59

aurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH



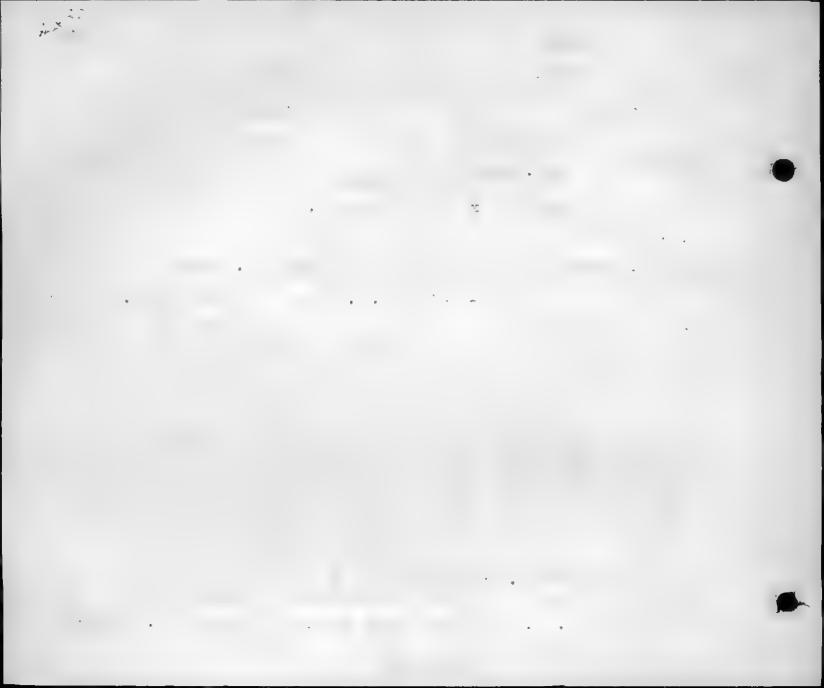
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely fines in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

ZIAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

TO HG

haurs ofter death. Page 4

11067	CERTIFICA	IE OF DEATH	7700
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. (If institute in STATE Laryland b. COUNT	
b. CITY OR TOWN (If autside carporate limits, w RURAL ond give nearest town)  Reisterstown	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give or INSTITUTION Bent Nursir	ng Horas	d. STREET ADDRESS 3311 Chestrut Ave.	nue e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Leonard J. I	)orsey	Last 4. DATE M OF DEATH OCTOB	onth
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year last birthday)	Months Days Haurs Min.
Little Co.	DOWED DIVORCED	April 7, 1890 71 yr	\$
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) House Insulation	106. KIND OF BUSINESS OR INDU	Maryland	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John W. Dorsey	Na	Josephine D. Jardine	
15. WAS DECEASED EYER IN U. S. ARMED FORCES: (Yes, no, or unknown) (If yes, give wor or dates of service)	)	NFORMANT ACTION 924 Lindelle	n Ave., Reisterst
PART I. DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse ast. (c)	Ceribral Pasa Congestivi	Heart Failure	INTERVAL BETWEEN ONSET AND DEATH A MOUNT
CATIO		I NOT RELATED TO THE TERMINAL DISEASE CONDITION C	FIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 8
		ED. (Enter nature of injury in Part I or Port II of item 18.)	
Hour o. m.	20d, INJURY OCCURRED 20e. Pt While Nat while fa at work at work	ACE OF INJURY (Home, farm, 20f. (City ar tawn) ctory, street, office bldg., etc.)	(Caunty) (Stat
23. I certify that (I) (this-haspital) a saw the deceased alive on 2227 SISHATURE  22C. PHYSICIAN'S NAME (Type)  Clarence E.	Ellians	death accurred of 27M, from the causes of M.D. PHYS. DIRECTOR DESTAFF PHYS. DE	and on the date stoted obove  22b. DATE SIGNE
23a BURIA., CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, Ighra	, or county) (State)
REMOVAL (Specify)			Co. Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR 25b, REC	CISTRAR'S SIGNATURE
Burgee Fineral Home	3631 Falls Road	DATE NOTE OF	Licent D. / Walls
110 wcc 71-52	Baltimore		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



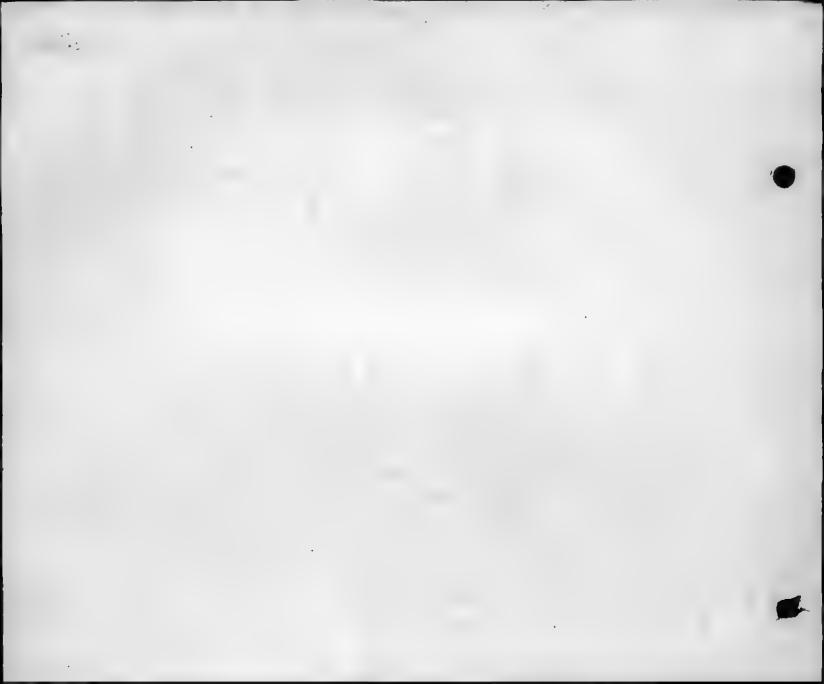
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MAKE CERTIFICATE OF DEATH funeral should 1. PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore MERVIAND b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 1h c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast fown) Essex Catonsvill .57 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d STREET ADDRESS e. IS RESIDENCE ON A FARM? River Road Ridgeway Manor Mursing YES NO J. NAME OF DATE DECEASED Eagle (Type or print) DEATH Oct. 19 and con 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Hours female WIDOWED TO event, DIVORCED 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUS.NESS OR INDUSTRY 1., BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Kentucky home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus, N. WAthall unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Zone 29 Address (Yes, no, or unkown) i (Ifyes give war or dates of service) Rosalie Baacke, step-daughter, 613 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)., INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRHAGE ( WEEK IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying certificate has by use as the bur cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8/1/19. WAS AUTOPSY CERTIFICATION PERFORMED? ARTERIO SCLEROTIC NO V TARKINSON S 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) 20a. ACC DENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH After this letached for (Stata) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (home, ferm, 20f, (City or lown) (County) Month, Day, Year Not While factory, street, office bldg., etc.) While WEDI Hour s.m. at work at work DIRECTOR:
3 should be de 10-10 , 1961, that (I) (w) last 21. I certify that (I) (this bospital) attended the deceased from...... 10 ....., and that death occured at saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S director, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Baltimore. Lawn Cemeterv 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) E.Schimunek Funeral Home 15M 9/60 DATE OCT 1 3 '61 Calling & Thomas

within 24 hours

death



7	7			MARY	LAND S	TATE DEPA	RTM	ENT OF I	HEALTH	H-BALT	IMORE, 1	8		
	-A			11070		CERTI	FICA	ATE OF	DEATH	4		Reg. Dist. N	. 11	060
rage 4 director, iled with		1,	PLACE OF DEATH COUNTY Balti	more		MARY	LAND	o. STATE	vlanc		lived. If institution b. COUNTY		fore odmi	ssidn)
oth. Erol d		Г	b. CITY OR TOWN (I	f outside corparate lim	its, write c	LENGTH OF STAY	IN 1b				ote limits, write RU	IRAL and give n	earest fov	m)
	M		Haletho			Life		X <sub>Ha</sub> 1	ethor	ne. 1	Id .			
5 5 5				AL (If not in hospital,	give street ad			d. STREET		1474			e. IS RE	SIDENCE A FARM?
by d			OK INSTITUTION					5624	_Carv	zille	Ave.			NO A
ğ <u>.</u> . 5	X	3.	NAME OF DECEASED	Fi	rsi	Middle		Lo		4. DATE	Mont	h I	Day	Year
6	' '		(Type or print)	A:	lice	C.	E	arehar	t	DEATH	00	et.	6	19 61
Pages		5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔲	B. DATE OF BIRT	TH	5	AGE (In years	IF UNDER 1 YE		
g -=			Female	White	WIDOWED	DIVORCE	□□	Dec.	20.19	06	AGE (In years lost birthday) 54 yrs.	Months Days	Hours	Min,
ecuted cample papers.	<u></u>	10c	. USUAL OCCUPATIO	N (Give kind of work	done 10b. KI	ND OF BUSINESS C	R INDUS	TRY 11 BIRTHP	LACE (Stote	ar foreign coi	intry)	12 CITIZEN	OF WHA	T COUNTRY?
2 2 E	death		Seamst	_	"			3/4	arvla	and		U	.5.A	•
ă g'g	offer	13.	FATHER'S NAME					14 MOTHER						
ician sician se ca	T		Rober	t Dwyer				Mar	rgafe	t Woo	slev			
rifficate t physician move car	E (I)			R IN U. S. ARMED FOI		CIAL SECURITY NO	. 17. 1	NFORMANT			Addre	215		
	22	L	No	No		3-05-483	3 <b>6</b>	Paul E	areh	art 56	524 Car	vi⊥le	Ave.	
death ce ttending please re	ž.	Г	IB. CAUSE OF DEA	TH [Enter only one co	ouse per line	for (o), (b), and (c)	116.	1 /	07	4		IN	TERVAL B	ETWEEN
# p = c	3		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1		Mi	tral	Stu	2036		O	NSET ANI	
를 축동			4/11	OUE TO				1 .	^				1	
by th	>		Conditions, if or	ny, which ) (t	, Xh	pumate	7	heart	- do	1008	0.		1	1
ned in	Ö C		gove rise to in couse (a), stating	mmediate (		1 1								
or and a sign of	<u>P</u>		lying couse lost.	) (a	) HN	per tu	1200							
a¥ sici¢	<u>-</u>	Z O	PART II. OTH	IER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERM	NAL DISEASE	CONDITION GIVE	N IN PART 1(o)	19. WAS	AUTOPSY ORMED?
5 4 8 i		RTIFICATION												] NO []
ing Fe bur	ē *,	E	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY O	CCURRE	). (Enter nature o	of injury in	Part I or Part	II of item IB)			
T P S S S S S S S S S S S S S S S S S S		Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER										
S to	Ē	MEDICAL	20c TIME OF INJUR'	Y Month, Day, Ye		JRY OCCURRED	20e. PL/	CE OF INJURY lory, street, office	IHame, form	, 20f. (City	or tawn)	(Count	rì	(Slate)
e se se		MED	p. m.	19	While of work [	Not while	100	-0-), sirces, orne	o brog., erc	"				
الم الله الله	5		21. I certify th	at I attended the	deceased	from JUL	<u></u>	. 19 🔄	3. to 0	44 -	- 1961	that I last	sow the	decensed
Z 4 7 €	2		alive an	t- (	, 1961		death	accurred at		M. from	the causes ar	,		
= 4 <b>2</b> 5 5 1	0			1 , 5							eet, city or town, s			ATE SIGNED
4 G G S A ►	5		ACTUAL C	harles	Lowa	Masillo		ND. 900	W.	Lone	Gard	84.18	Solt	123 M
	<u>.</u>		PHYSICIAN'S									٦	/ c	1
Sho Sho	5		NAME (Type)			·						6.6.	1 3/	1961
	2	220	BURIAL, CREMATIO	N, 226 DATE THEREC	1	22c NAME OF CEMI					ON (City Iown, or	* *	(Sto	te)
	e e		Rurial		0-61	New Cath	nedi	al		Ba.	ltimore	, Md.		
		23	ENERAL DIRECTOR			ADDRESS	A		24a REC'	D BY REGISTR	AR 24b. REGIST	RAR'S SIGNAT	URE	
VS A1S (4) 1SM 10/57		1	HERUSE	enery 5	646 C	arville	AAE		DATE	1-1	1 L	1 8, Em	4.6	
			//											



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 11071 With H director, 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed **b.** COUNTY MARYLAND Baltimore the funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) Months should Hilson, M. ryland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PO. # 22 1 'Ison State Hospita' puo Ξ NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) death IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH completely MARRIED NEVER MARRIED Jast birthday) Months WIDOWED [ popers. 12 CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) during most of working life, even if retired) event, within 72 hours corpon 13. FATHER'S NAME physicion HENERIE гетоме 17, INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mospital Records, Mt. Vilson State Mospital ottending ■ eose 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) FAILURE **DUE TO** INFARCTION OF MYDCARDIUM á permit. Conditions, if any, which hos been signed gave rise to immediate **DUE TO** cause (a), stating the under-CLEROTIC CORONARY THROMBOSIS ottending physicion. lying cause lost. **buriol-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TUBERCULOSIS-PLEURISY WITH DERATELY ADVANCED PULMONARY 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY 20d, INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. While Not while at wark at wark ta 10 : 2 9 - 19 61, that # (we) last 21. I certify that Ut (this haspital) attended the deceased fram.\_ saw the deceased alive an 10-2f-1961, and that death accurred at M, fram the causes and an the date stated above NERAL DIRECTOR: 22a. SIGNATURE DIRECTOR [ WINNI 22c. PHYSICIAN'S 22d ADDRESS should NAME (Type) Milson State Hospital, Et. Wilson, Md. 1. Tewcomer. perintendent NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown, or county) 230 BURIAL CREMATION. REMOVAL (Specify) FUNERAL DIRECTOR'S SYGNATURE REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

YES NO X

Year

196

INTERVAL BETWEEN

ONSET AND DEATH

MONTHS

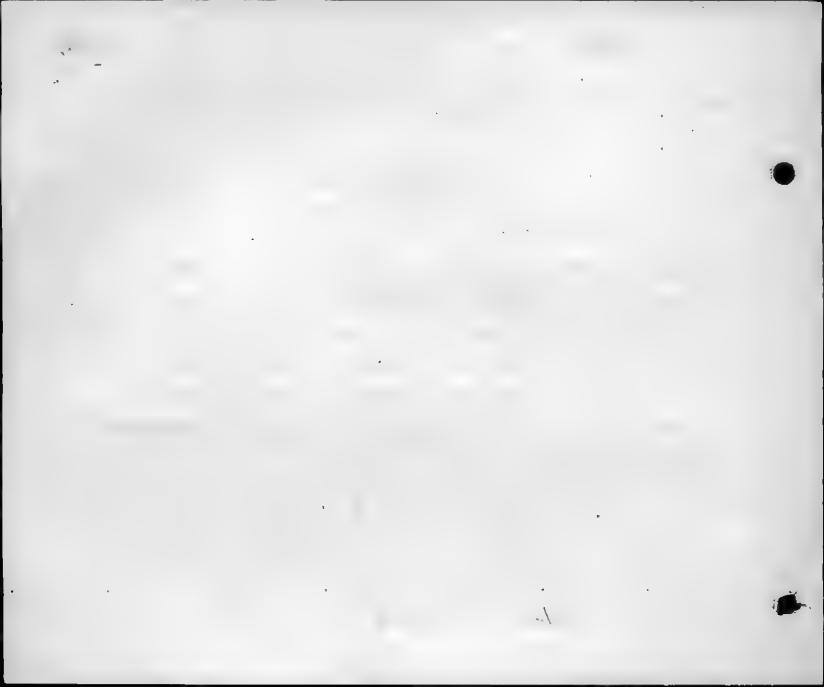
PERFORMED?

YES 🗍 NO 😿

22b. DATE SIGNED

(Stote)

Days



led within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11072	CERTIFICATE	OF DEATH		11062
1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDENC.	E (Where deceased lived, If in: b. COUNT)	stitutioni Residence before edmission)
Baltimore	MARYLAND	Mary		
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outs'de corporate limits, write R	URAL end give neerest town)
Fort Howard	31 days	Baltimore		2 11 -
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration He	ospital	126 E. Eag	er Street - 2	YES NO Year
(Type or print) ROBERT	L.	EDWARDS	DEATH October	14 1961
S. SEX 6. COLOR OR RACE 7 MARRIES	NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In yeers   1)	
Male Negro WIDOWE	DIVORCED ME	ay 1, 1919	12 yrs.	Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	struction_	Pinola, Mis	S. AME	U.S.A.
John D. Edwards		Dana (7)	3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANTC	hompson al Records, VA	TT
Yes (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	2 00 0626 0-74	olinic	al necords, VA	Hospital
18. CAUSE OF DEATH (Enter only one cause per li	13-28-2676 Balt ne for (e), (b), end (c).	mmore To, Ma	ry Land-FORT HO	INTIERVAL DE LALEELA
1441	MONARY EDEMA		*	ONSET AND DEATH 2 WEEKS
	PERTENSIVE CARI	DIOVASCULAR D	ISEASE	UNKNOWN
geve rise to immediate cause (e), stating the underlying DUE TO				
ceuse lest. (c)				
PART II. OTHER SIGNIF, CANT CONDITIONS CON  LAENNEC'S CIRRHOSIS	TRIBUT NG TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES TO NO
208. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURED.	. (Enter nature of injury in Pe	ert I or Pert II of item 18.)	
0		CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (State)
Hour a.m. While et work	Land At 14 14 11 10 Person	ory, silear, office blog., orc.,		
21. I certify that () (this hospital) attends saw the deceased alive on OCt.				
22e. SIGNATURE 7		death occured at[H.]		nd on the date stated above
Loeph 11	Le com M	D. PHYS. DI	RECTOR PHYS.	10-15-61
22c. PHYSICIAN'S NAME (Type) RALPH N. LEE	M.D.		H, Baltimore 18	3, Maryland
236. BURIAL, CREMATION, 236. DATE THERFOR	23c. NAME OF CEMETERY		23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify) 10-18-61	Baltimore Hat	ional Cometer	w Baltimore	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	1000 Frantley	AVA. 25a. REC'I	8Y REGISTRAR 256. REGIS	
Elroy O. Wilson Funeral Hom			2 4 '61 Ciril	ut S. Kinus

VR A15 (4) 15M 9/60

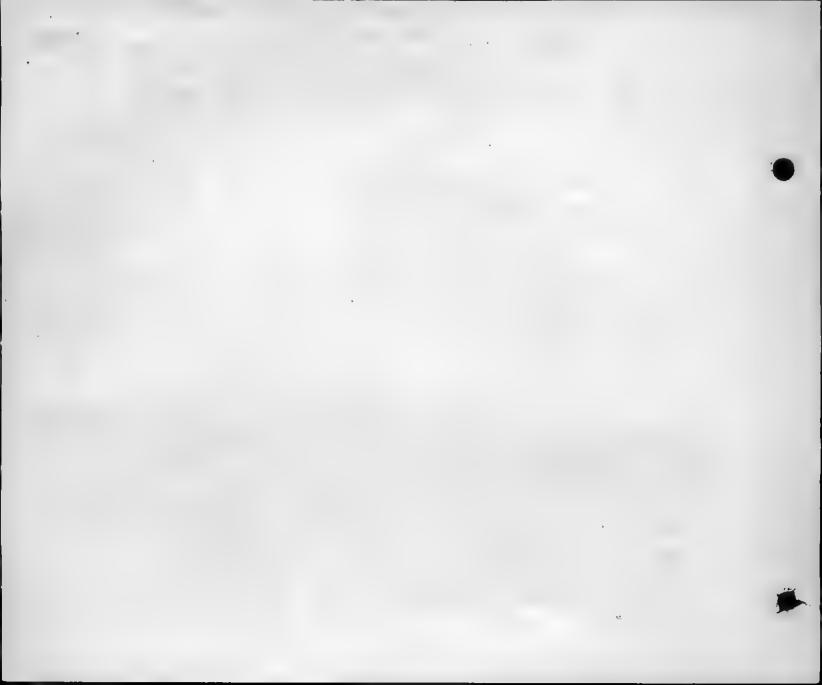
ign.

SPITAL Page 4 n

10



		MARYLAND STATE DEPARTMENT OF HEALT	H-BALTIMORE, 18		
		11073 CERTIFICATE OF DEAT	H Reg. Dist. No. 11063		
M)	1, 1	PLACE OF DEATH  o. COUNTY  Baltimore  2. USUAL RESIDENCE (W. o. STATE	Where deceased lived if institution Residence before odmission] b. COUNTY Baltimore		
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	outside corporate limits, write RURAL and give nearest tawn)		
	L	Rural Towson Rural	Towson		
11		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Ville Maria - Notch Cliff Glenarm	e. IS RESIDENCE ON A FARM? YES NO		
	3.	NAME OF First Middle Lost DECEASED	4. DATE Month Doy Yeor		
		(Type or print) Sister M. Joan of Arc (Ehmann)	DEATH 10 21 1961		
		. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH	9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS		
	L	F W WIDOWED DIVORCED Aug. 20	1883 78 yrs Months Days Hours Min		
	10a	Od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote	e or foreign country) 12. CITIZEN OF WHAT COUNTRY		
		during most of working life, even if retired)  RELIGIOUS New	York United State		
	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN	NAME		
T		John Ehmann Ans	na M.Schinerbach		
		5 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown)              yes, give wor or dotes of services	Address		
		Sr.M. Henric	a Villa Maria, Glenarm,		
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]	INTERVAL, BETWEEN		
		PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage	ONSETANA BEATT		
		1 / SCM 1 A.	3 32 32		
		Conditions, if any, which	lar renal disease 10 year		
		gove rise to immediate cause (o), stating the under			
		lying couse lost.			
	NO	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY		
THE WAY	CATIOI	·	PERFORMED? YES NO		
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Nat while of work of work of work 19	m, 20f. (City or town) (County) (Stale)		
/		21. I certify that I attended the deceased from November, 19 15 to olive an Oct . 19 1 , and that death occurred at 10:11  ACTUAL SIGNATURE	OPM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE		
			York Road Towson4, Md.		
		20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)		
		BURIAL 10-24-61. VILLA MARIA CEM.	NOTCHCLIFF NR TOWSON, MD.  D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		



TO F PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excess within 24 hours after death of the physician.

Active Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition. 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	MAKI	LAND STATE DEPA	AKIMENI OF HEAL	. 1 111	
CERTIFICATE OF DEATH	<b>DIVISION OF STATISTICAL RESEA</b>	RCH AND RECORDS, 30	OI W. PRESTON STREET	T, BALTIMORE 1,	MARYLAND
1107/	11076	CERTIFICATE (	OF DEATH		11064

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission)
a. COUNTY Paldings	a. STATE 6. COUNTY
Daltimore MARYLAND	///a.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. C.TY OR TOWN (If outside corporate limits, write RURAL and give near st town)
Perry Hall	Perry Hall
d. NAME OF BOSPITAL OR INSTITUTION (if not in hospital, give street address)	a. IS RESIDENCE
Rose W. A. Land Road	Box III A Chanel Road YES INOT
DOX 44 7 (hapel Road  J. NAME OF First Midd a	Love 44 M Creations of the Late,
DECEASED	OF
(Typa or print) Anna Jane	eller DEATH October 1 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
temale white WIDOWED TX DIVORCED IT	10-4-1902 [assistinthday] Months Days Hours Mn.
103. USUAL OCCUPATION [G'va k'nd of work   10b. K.ND OF BUSINESS OR NDUSTI	
dona during most of working life, avan if retired)	A. I I. DESTRICTED COUNTY & STATE, OF TOTAL OF COUNTY)
housewise and saleslady	North ( arolina UA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
( 1 - 13 11	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 11/2.	Martha J. (dwards
(Yas, no, or unkown)   (Ifyesgivawarordatesofsarvica)	
275346018 9	oseph B. Eller 3712 Parkside Urive
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Ca	
193	
1//A DUE TO Abdominal Come	months
Conditions, if any, which gave rise to Immediata cause	inoma
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIF. CANT CONDITIONS CONTR. BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY
	PERFORMED? YES NO I
The second state of the se	). (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING TI CAUSE OF DEATH	). (crear natura of injury in Fam ) of Fam i) of (tem to.)
	ACE OF NJURY (Homa, farm, '20f. (City or town) (County) (State)
Hour a.m.  While Not While lack  o.m.  19 at work at work	tory, street, office bldg., etc.]
	Ann 7 4067 - Onto 7 4067 (0) ( )   -
	Aug 1, 1961 to Oct 1, 1961, that (I) (we) last
	death occured at 0.3.M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED, STAFF SIGNED
I beating 8. from 1	A.D. PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S	22d. ADDRESS
NAME (Type) Theodore E. Evans, M. D.	9660 Belair Rd. Balto 6, Md.
	OR CREMATORY 123d, LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	O / - 1 (State)
burial 170-3-67 Parkwood (	emetery Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Hardord Rd.	DATE OCT 3 161 arthur & Krous



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 11071

11065

					0 0 17
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		COUNTY 50	ce before admission)
Baltimore		/ / /	Y		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	,	its, write KURAL and	give nearest lawn).
.t. Wilson, Narvland	20 days	424	ha m	P d	1
d. NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS	,	A	e IS RESIDENCE ON A FARM?
. It. Ison Strte Hosgital	has	6430 AU	1 burn	AVE	YES NO M
3. NAME OF DECEASED (Type or print) Puth	Olive E	ricson	4. DATE OF DEATH	Month 10	9 19 6 /
S. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED		8. DATE OF BIRTH 2/23/18	347 9 AGE lost	(In years IF UNDER birthday) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100 USUAL OCCUPATION (Give kind of work dane 10b. KINE during most of working life, even if retired)				12 CIT	ZEN OF WHAT COUNTRY?
	Gorernhen				U.S.A.
13. FATHER'S NAME Charles W. Erics	O M	14. MOTHER'S MAIDEN N	-	Barne	c
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC		IFORMANT	4 0. /	Address	۵
(If yes, give wer or dates of service)	*9	spital Record	s, Mt. Wi		e Hospital
18. CAUSE OF DEATH [Enter anly one cause per line fa		6	,		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACL	ite Puly	yonary O	edema	L	11 km
DUE TO		+ (	4	,	
Canditians, if any, which ) (b) (D)	rondru	Lhrox	2605	15	11 hr.
gave rise to immediate DUE TO	_				
lying cause last. (c)					
	FRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
5 Far Advanced	Pulmo	12ru Tu	BETCO	10515	PERFORMED? YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	D. (Enter natūre af injury in F	art I ar Part II af it	em 18.)	W3 4
	fa	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.	20f (City ar tow	n) (	County) (State)
Haur a. m. While at wark	HAMI MIIIIS	nory, street, dirice blug., etc.	' i		
21 I certify that (I) (this hospital) attended	the deceased from	9/19.19	6/, to 1	0/9.19	42, that (I) (we) last
saw the deceased olive on 1019	_19_6/, and that d	leath occurred of A .	M, fram the co	auses and an the	e date stated obave.
22a, SIGNATURE					22b DATE
Murcime	1		D STAF	S. 🗆 O	et 9, 1961
22c. PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D. Su	perintendent	22d. ADDRESS Mt. Wilson	State Ho	spital, Ma	t. Wilson, Mo
23g BURIAL, CREMATION, 23b. DATE THEREOF 23	LE NAME OF CEMETERY OF	R CREMATORY	234 LOCATION (C	ity, tawn, ar caunty)	(State)
Burialipecify) Oct 11, 1961	Ft Lincoln	Cemetery	Colmar I	lanor, Md.	•
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a RECIO	AY PEGISTRAR	256, REGISTRAR'S SI	
f. Gasch's Sons Hyatt	sville, Md.	DATE	PI I OI	Criting 3	Thates
A second					

hours after death. Page 4 TO HOP PIAL OR ATTENDING PERSICIAN: The law remuires that the death certificate be exemuted within 24 hours after death. Page 4 may relate by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remains carbon pagers. Pages Land 2 should be fixed with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9



	19	January 1	MARYLAND STATE DEPARTMENT OF HEALTH	
A			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND 110CC
G 00 m		_	11076 CERTIFICATE OF DEATH	YTAOO
funer funer shoul			PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed fived, if institution; e. COUNTY  B. STATE  B. COUNTY	Residence before admission)
5 2 cd	M)	-	BALTIMORE MARYLAND MP	
4 h			b. CITY OR TOWN (if outside corporate I mits, write RURAL end give neerest town)  c. LENGTH OF STAY IN Ib  c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	nd give neerest town)
hin 2 ad in ges 1 after			d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)  d. STREET ADDRESS	IS RESIDENCE
within filled i Pages ars afte	1911			PO YES NO DE
y sis.	CIC	3.	NAME OF First Middle Last 4. DATE Month	Dey Year
pape 72			OF DECEASED (Type or print) C. AIIDE W. FARAD DEATH OF	9, 1961
1 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.	SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER lest birthdey) Monthel	1 YEAR IF UNDER 24 HRS.
and and carb			M. WIDOWED DIVORCED MAY 24, 1902 59 yrs.	Deys Hours Min.
icafe cian ove		10e do	e. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
hysic remo			LABORER, LOUDON PK. CEMTY, VAL	USA.
ing please	F	13.	FATHER'S NAME	
를 모르다	$(\perp)$	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17, INFORMANT  Address	
the atten P.en val, a			ps, no, or unknown) (livesgivawerordetes of service)	IN TOTAL
that The the it. ]			1B. CAUSE OF DEATH [Enter only one couse per line for (a)) (b), and (c).	INTERVAL BETWEEN
ires sicial l by serm or r			PART I. DEATH WAS CAUSED BY: Simely sense Caremon Left Vinns	ONSET AND DEATH
phys gned sit p			162 DUE TO and Metastan.	•
ing ing in sig			Conditions, If any, which (b)	
h∎ li lend bee bee irial			geve rise to immediate cause (e), stating the underlying	
r afr has has se bo			ceuse lest. (c)	
IAN tal o cate as th		NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
SIC basping srtiffi ior 1		FICAI	20e. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in any in Pert II of item 18.)	YES NO •
H H H H H H H H H H H H H H H H H H H	0	CERTIFIC	OR CONTRIBUTING — AUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
の タ 2 2 6 8 8 8 4 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8				ounty) (Stete)
Affe Affe of H		MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)	
Marin		<b> </b>	21. I certify that (I) (this hospital) attended the deceased from [	2.6/. that (I) (we) last
A Pier Pier Pier Pier Pier Pier Pier Pier			saw the deceased alive on	
A Lay INE			220. SIGNASURE ATTENDING MED. STAFF	22b. DATE SIGNED
1418 ED 8 5			MD. PHYS. DIRECTOR PHYS.	0/11.61
SRA SPA	- 1		22c. PHTS/CIAN'S NAME (Type) / 12 POC A CALL	SI
Pag UNER tor, pe		23	BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or coun	nly) (Stete)
direction of the state of the s		23	PENOVAL (Specify) 10/12-16/ WIFSTERN (FMTV. PALTON VIA	D,
VR AU (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A LE 250. REC'D BY REGISTRAR 250. REGISTRAR'S	
15M 9/60		1	WITTE F. DR. 4101 EDMONDSON DAY TO 16 161 ONLING &.	trava
		' <u></u>		



TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be enough within 24 hours after a dar. Page 4 may be retained by the hospital or attending physician.

\* NO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with \$72 hours afterdeam.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11067

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission)
	BF LTC. MARYLA	e, STATE MP. b. COUNTY
	b. CITY OR TOWN (if outside corporete l.mits,	
1)	write RURAL and give neerest town)	PALTIMORE 3 VILLE
	CATONSVILLE	
y ,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ON A FARM?
	ST JOSEPHS NURSING HEME	= 427-2 VERMENT AVE. YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
		EDERLINE DEATH OCT. 27 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F W WIDOWED DIVORCED	Man 5, 1881 Royrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN	DUSTRY 11. PRYHPLACE County & 1910, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even, if relired)	MX. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	JOHN MULCAHY	NOT KNOWN
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17, INFORMANT Address
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INm G. Federline - 4 VVV Vermontare.
	18. CAUSE OF DEATH [Enter only one cause per ling for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	27/10
	~ / 0 , 5 DUE TO	
	Conditions, if any, which (b)	
	geve rise to immediate cause [a], stating the underlying DUETO	
	couse lest. (c)	
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	() Staring to offe	Can discrete the second lives I NO III
	200. ACCIDENT WAS UNDERLYING   1   20b. DESCR BE HOW INJURY OF	CURED, (Enter nature of injury in Part II or Part II of item 18.)
	PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH I	portes, find subtract they writer for tare it of the start of
		Oe, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2 Hour a.m. While Not While et work st work st work	fectory, street, office bidg., atc.)
	p.m. 19 et work st work	
	21. I certify that (I) (this hospital) attended the deceased	from 196 1, to 0 27 19.6, that (1) (we) last
	saw the deceased alive on. O-CL 3 - 19 61 and	d that death occured at
	226. SIGNATORE	22b. DATE
	James & Karre	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSIQIAN'S	22d. ADDRESS
	NAME KTYPO) JAMES E. KOWE	1011 Tredenik Kil #28
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEM	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Λ	REMOVAL (Specify) 10-30-61 Calker	sind cem Ballo. Mich
100	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1	24 EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  TAKE: Le an and L. File Language	256. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Orthus 2. Kraus



2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) **b.** COUNTY c. C.TY OR TOWN (If outside corporate limits, write RURAL and give neerest town) IS RESIDENCE ON A FARM? YES NOT Month 19 October 9. AGE (In years | IF JNDER I YEAR | IF UNDER 24 HRS. last birthday) Months Hours 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, or foreign country] 12, CITIZEN OF WHAT COUNTRY? U.S.A. Address Clin Rec VAH Baltimore Md Ft Howard Division INTERVAL BETWEEN ONSET AND DEATH 6-7 days Hnknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A (County) 21. I certify that X) (this hospital) attended the deceased from August 29 30 161, to Oct 13 1961, that Q\$ (we) last saw the deceased alive on 0ct 13 1961, and that death occurred at P.M. from the causes and on the date stated above. 22b. DATE SIGNED 10-11-61 VAH Baltimore 18 Md Ft Howard Division 23d. LOCATION (City, town or county) Baltimore Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Wm Cook-Blight Inc DAGCT 1 7 '61 Chilbur & Krous

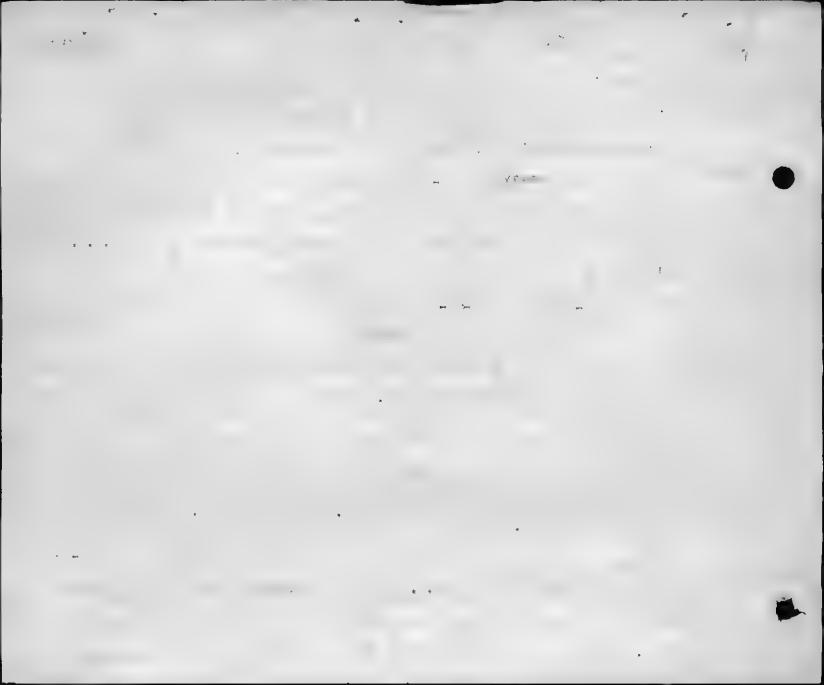
AARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 9/60



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11079 CERTIFICATE OF DEATH 110

		11079	CERTIFICATE	OF DEATH		11069
	PLACE OF DEAT	'H		11	E (Where deceased lived, If institu	ution: Rasidenca before edmission)
		ltimore	MARYLAND	a, STATE	b. COUNTY	
	b. CITY OR TOWN	(if outs' de corporete limits, ed give nearest town)			outside corporate limits, write RUR	AL end give nearest town)
	d. NAME OF HOSP		3 Days	Baltimore d STREET ADDRESS		a. IS RESIDENCE
3.	Veterans . NAME OF DECEASED	Administratio	on Hospital	1010 Lamont	Street Month	Dey Yeer
	(Type or print)	N FORTH	IX	FIRMING	DEATH October	8 19 61
5.	SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED 6	, DATE OF BIRTH	9. AGE (In years IF U	
	Male	Negro	WIDOWED DIVORCED DIVORCED DIVORCED	January 8, 189	98 63 yrs.	nths Days Hours Min.
do	ne during most of w Laborer FATHER'S NAME	rorking life, even if retired)	Brick Yard	Baltimore,	Maryland	U.S.A.
15.	Bill Fle	ming VER IN U.S. ARMED FORCE	SS?   16. SOCIAL SECURITY NO.   17.	Unknown	Address	
(Ye		(If yasgive war or dates of serv		D. D. WATT D.	7.4 - 383 TM TY	
			218-09-5277 CL:	in Rec VAH Ba	alto Md Ft Howa	Ind Division Interval Between ONSET AND DEATH
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PULMONARY CONGEST	CION		2 WEEKS
	773	DUE TO				
	Conditions, if an	iy, which (b)	ARTERIOSCLEROTIC	HEART DISEASE	_	UNKNOWN
	(a), slating the	No. 161 III WAS	ARTERIOSCLEROSIS,	GENERAL		UNKNOWN
z			ONS CONTRIBUTING TO DEATH BUT NO		AL DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY
CATIO	EMPHYS:	EMA				YES NO TO
CERTIFICATION	OR CONTRIBUTING	VAS UNDERLYING TO THE CAUSE OF DEATH Y MEDICAL EXAMINER)	ROB. DESCRIBE HOW NIJRY OCCURED	. (Enter neture of injury in Pa	rt I or Pert il of tem 18.)	
MEDICAL	20c. TIME OF INJ Hour a.m.	JRY Month, Day, Year	20d. INJURY OCCURRED   20e, PLA White Not While fect at work at work	CE OF NJURY (Home, farm, lory, street, office bldg., etc.)	20f. (City or town)	(County) (Steta)
	21. I certify	that XX (this hospital	) attended the deceased from.	Oct. 5	961, to.Oct. 8	161., that (K (we) fast
	saw the decea	ased alive onOct	8 1961 and that	death occured at	M, from the causes and	on the date stated above.
	22c. PHYSICIAN NAME (Type		-one low.	ATTENDING ME PHYS. DIR	ED. STAFF RECTOR PHYS.	22b. DATE 10-8-61 PARE
	1170	Paul Borme	M.D	VAH Baltim	ore Md - Ft How	ard Division
	REMOVAL (Specifi	TION, 236, DATE THEREO	1.1		23d. LOCATION (City, town or	
	Burial funeral directo	DE'S SIGNATURE	Maltimore Nat	ional 25a, REC'O	Baltimore  D By REGISTRAR   256, REGISTR	Mary Land RAR'S SIGNATURE
J., ,	Lroy O. W.		1000 Brantley Baltimore 17 A	Ave DATE OC	T 1 1 '61	9 ft.



# FOR STATE III DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11080MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11080

г							
•		PLACE OF DEATH				, If institution: Residence be	fora edmission)
$\supset$			W-047 - 110	e, STATE		YINUC	157
1	)	Baltimore  D. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Maryl		write RURAL and give mare	st town)
7		write RURAL and give neerest town)		X Dinasus	363		
27	(	Sparrows Point, Md.  1. NAME OF HOSPITAL OR INSTITUTION (IF no	of in hospital, give street eddress)	d. STREET ADDRESS	re, Md.	0,	IS RESIDENCE ON A FARM?
-		Bethlehem Steel Hospit	tal	Rt. 14	Box 295	Y	S NO
	3.	NAME OF First	Middla	Last	4. DATE M	onth Day	Year
		(Type or print) Milton	Burnett	Fontman	DEATH	tober 26	19 61
	s.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	Portman DATE OF BIRTH		ars IF UNDER 1 YEAR IF L	INDER 24 HRS.
		m white w	IDOWED DIVORCED	7/4/08	E3 Au	THOUSAND DOYS IND	urs Min.
		USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WI	AT COUNTRY?
	dor	during most of working life, even if ratired)	Construction			US	A
	13.	Maintaince	OOHS WILL OTOH	Balto Co.		0.5	
		John Fortman		Carrie U			
		WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Add	ress	
	(Ya:	No. or unkown) (If yas giva war or datas of servi	214-16-3197 M	rs Thelma G F	Fortman Bo	x 295 Balto	20 Md.
	- 7	18. CAUSE OF DEATH (Enter only one cau	sf der line for (a), (b), and (c).]			INTERVA	AL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerman (	Occlussion	~	ONSET	AND DEATH
		72011 DUE TO	7		Section VSF alliance blee above		117
		Conditions, if any, which \ (b)	9				
		gava rise to immadiate cause	week-				
		(e), stating the underlying cause lest.					
	z	PART II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION	GIVEN IN PART 1(a) 1 19 W	AS AUTOPSV
	JIO.						PERFORMED?
	5					YES	□ он □
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURED. (E	ujet nejnta oj injury in kati j	or Part    of Hem 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 2De. PLA			(County)	(State)
	MED!	Hour a.m.	While Not While lector	ory, street, office bldg., etc.)			
		21. I certify that I took charge of the	he remains described above, hel	d an Autopsy . I	nspection Inc	uiry and in r	ny opinion
'n,		death resulted from: Natural cause	es Accident . Suici	de 🗍, Homicide [	, Undetermined	manner	
		( 1 1 a		CHIEF MEDICAL EX	AMINER []		
		MILLER	Pa Donne	ASSISTANT MEDIC		DATE	SIGNED
		SIGNATURE TO THE SIGNATURE	ou	M.D	_	DAIL	SIGIVED
		EXAMINER'S JACK	e Collins	DEPUTY MEDICAL   Address (Streat, cit	ly, town, or county)	16.	- 2761
	220.	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, to	own, or country)	(Stete)
		Burial 10-30-196	1 Ebenezer Met	h Cemetery	Chase	Maryl	and
	23.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR   246.	REGISTRAR'S SIGNATURE	
		F. 1/2 1/14 /	" E 111 na-	B TERRE ,OC	T 3 0 '61	withing S. Firms	
		1. 16.234 1.1064. 1 0.20	The wat wis part of The	· J. · · · · · · · · · · · · · · · · · ·		, 70540000	

VS. ATSME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH e. COUNTY a. STATE BURNING STREET b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) AL and pive neerest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS NAME OF DATE M.ddle DECEASED OF (Type or print) DEATH 5. 5EX last birthdey) 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerord) festiservice 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geva rise to Immadieta cause DUE TO (a), stating the underlying 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg While Not While Hour e.m. et work at work ...., and that death occured in? saw the deceased alive on 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS PHYS. M.D.

AGE (In years | IF JNDER 1 YEAR carbon IF UNDER 24 HRS. and Months physician 12. CITIZEN OF WHAT COUNTRY? attending pl and The the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO 4 (State) (County) that (l) (<del>نبخ) t</del>ast ريـــــ <del>(l) (.....</del> A.M., from the causes and on the date stated above. DATE SIGNED FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, I CEMETERY OF CREMATORY BURIAL, CREMATION, 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE OCT 1 6 '61 arthur & Health

a. IS RESIDENCE

ON A FARM? YES NO

15M 9/60

\$<sup>7</sup>

by #

.5 7 Pages filled

death

( ) 6 16 1.1. 11 (11)  $t^{\frac{1}{2}}$ 

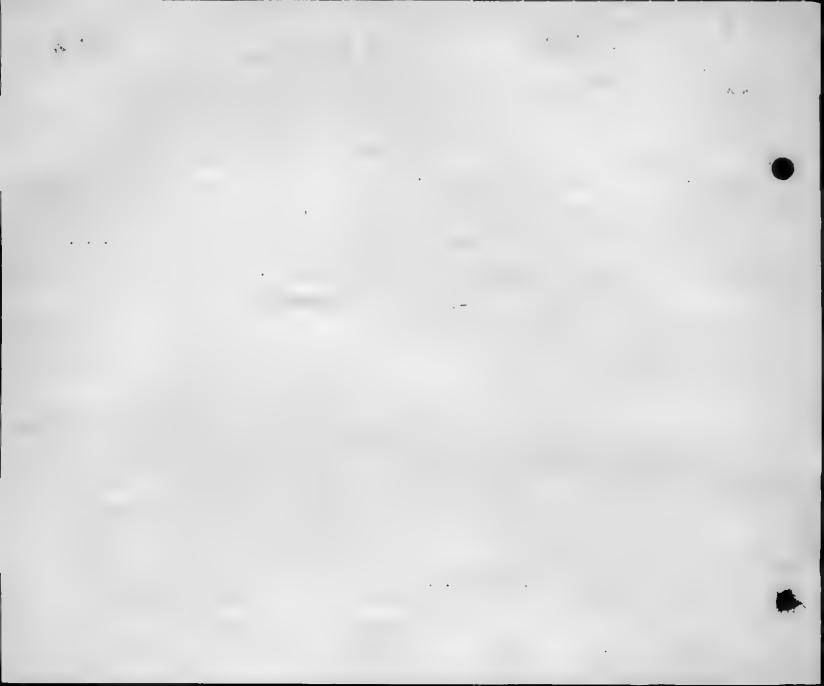
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11082 CERTIFICATE OF DEATH

11072

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I'ved, if institution: Residence before admission)
a. COUNTY Baltimore MARYLAND	*. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
writa RURAL end give neerest town) TOWSON 4	Towson 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS   05 RESIDENCE
527 Valley View Road	527 Valley View Road YES NO X
3. NAME OF Frst Middle	Last 4. DATE Month Day Year
(Type or pnni) Harry F.	Frank DEATH October 4 1961
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	ugust 9, 1896 65 yrs. Months Days Hours Min.
1De. USJAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR NOJSTR	Y 11 BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(ret'd) Official Public School	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William M. Frank	Helene D. Hoot
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	
Yes, no, or unknown) (Hyesgive war or detes of service) 214-36-8550 Ca	rl Wallace . 113 East Lake Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	TEMMORY (4 CA VIDION MOTURAL
4201 DUETO 6-4	The state of the s
Conditions. # a 17, which > (b) ( ) ( ( ) ( ) ( ) ( ) ( ) ( )	to Sucher Kuring (.V.D.
geve rise to immediate couse	ac migrereyour of
(a), steting the underlying cause lest.	√ <sup>∨</sup>
16)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTR. BUTING   CAUSE OF DEATH OUT FITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED! YES INO TA
206. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of item TB )
OR CONTR.BUTING CAUSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20s. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20s. PLA Hour a.m. While Not While fact  p.m. 19 el work st work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	24 Oct 1956 to 4 Oct 1961, that (1) (we) last
	death occured at: AM, from the causes and on the date stated above.
226. SIGNATURE	22b. DATE
1 / / / / / / / / / / / / / / / / / / /	D. PHYS. DIRECTOR PHYS.
22x PHYSICIAN'S	22d, ADDRESS
MAME (Type) Joseph E. Muse, M.D.	2725 North Charles Street, Zone 18
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, lown or county) (State)
Green Moun	tBaltimore
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Mm. Cook-Towson, Inc., 1050 York Road, Z	one 4 DATOCT 10'61 Outhur & Huma
	Land I was a second of the sec



# In PITAL OR ATTENDING PHYSICIAN: The law requires the the death entificate be example within 24 hours after death page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consequence of filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition.

VR A15 (4) 1SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1103

CERTIFICATE OF DEATH

11070

	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased I ved, If .nstitution: Residence before admission)
١I	a. COUNTY b. COUNTY c.
-)	Baltimore MARYLAND Mid. Baltimore
71	b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY .N 1b c. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest fown)
	write, RURAL and give nearest town)
	_Loch Raven Village \ \ Loch Raven Village \
	d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address) d. STREET ADDRESS d. IS RESIDENCE
100	ON A FARM?
	1911 Kedwood Ave. 1911 Kedwood Ave. YES [ NO ]
- 3	3. NAME OF First Middle Last 4 DATE Month Day Year
	(Your count)
	Jillie Ville 1
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HIS.
	male white widowed D. vorced 5-23-1081 Bo yrs. Months Days Hours Min.
	00 /4
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired)
	13. FATHER'S NAME LUTTER 14. MOTHER'S MADEEN NAME
	The state of the s
	trancesco tranzoni Rose (Unknown)
トノ	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO 17, INFORMANT Address
	(Yes, no, or unkown) (Ifyesg vewarordetesofservice)
	2140/0014 Amelia (. Franzoni same
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c))
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a)
	DUE TO O A O A
	Conditions, if any, which (b) Severally Weins deurs 10 mg
	gave rise to immadiate cause
	(a), stating the underlying DUE TO
	cause last. (c)
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES IN NO DE
	3 Walker derries Color
	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  208. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTHEY MEDICAL EXAMINER)
	9 (IF EITHER, NOTITY MEDICAL EXAMINER)
	ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)  While Not While factory, street, office bldg., etc.)  P. m. 19 at work at work
	p.m. 19 at work at work
	21. I certify that (I) (the stall) attended the deceased from. Mary, 196, to Oct. 7, 1961, that (I) ( last
	saw the deceased alive on
	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN S
	NAME GYPT TO SEN E TOURS
	1 ) U) INT . WINT 8 7 0 B West Caren parts. Basis
	23s. BURIAL, CREMATION, 23b. DATE THEREOT   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (51ste)
	REMOVAL (Specify) 10 10 (1) Relations Mc
	burial 10-10-61 Viloreland Mem. Park Daltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE OCT 10'61 CARTING & FLANCE
	Leonard J. Ruck 5305 Harford Rd. DATE



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decreased lived If institution, Residence Defore admission) 1. PLACE OF DEATH B. COUNTY .. STATE Maryland Baltimore b. COUNTY Baltimore the d MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 ZITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give neerest town! Essex .E T Essex Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 162 Silver Lane Road 162 Silver Lane Road YES NO 3. NAME OF Yeer Middle 4. DATE DECEASED Lucy Virginia Gardner October 19 61 (Type or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birth de v) Female WIDOWED F February 25,1885 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Baltimore, Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pt Then please William Muir unknown Dennis and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknwn) ! (If yes give wer or detes of service) John Gardner. 2428 East Fayette Street 2-05-8401-B 18. CAUSE OF DEATH (Enter only one cause pe ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 DUE TO Conditions, if eny, which gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? \$ Q NO 3 USB 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH ò (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) Month, Dev. Year factory, street, office bldg., atc.) While Not While Hour a.m. el work et work 1933 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 3 PHYS. M.D 22d, ADDRESS 22c. PHYSICIAN Robert NAME (Type) Eastern Avenue, Baltimore 2. Md director, p 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (Specify) 3310 Taylor Avenue 10-21-61 Parkwood Cemetery 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm. Cook, Inc., 1 VR A15 (4) St. Paul Street Cirillian & Kraus PATEOCT 2 4 '61 15M 9/60

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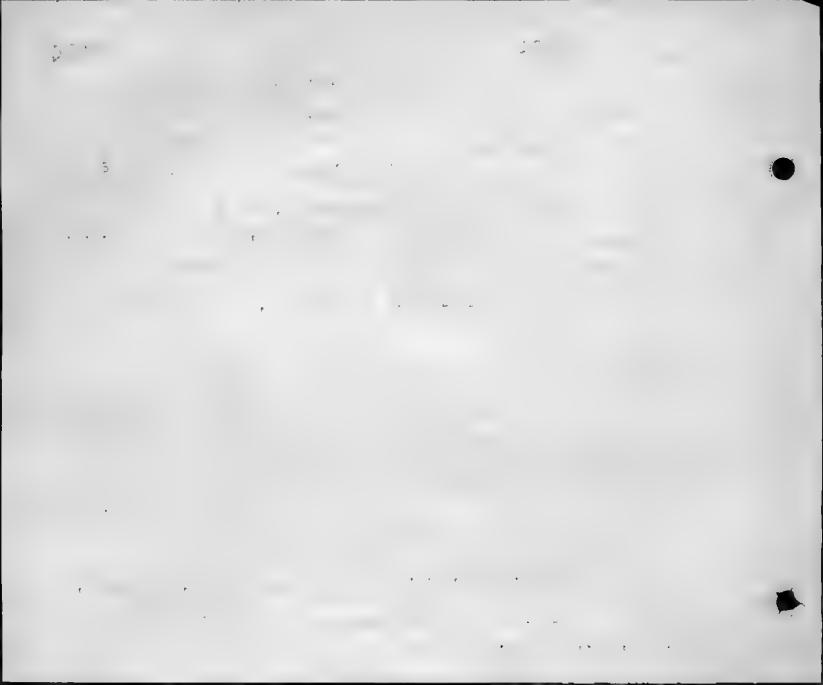
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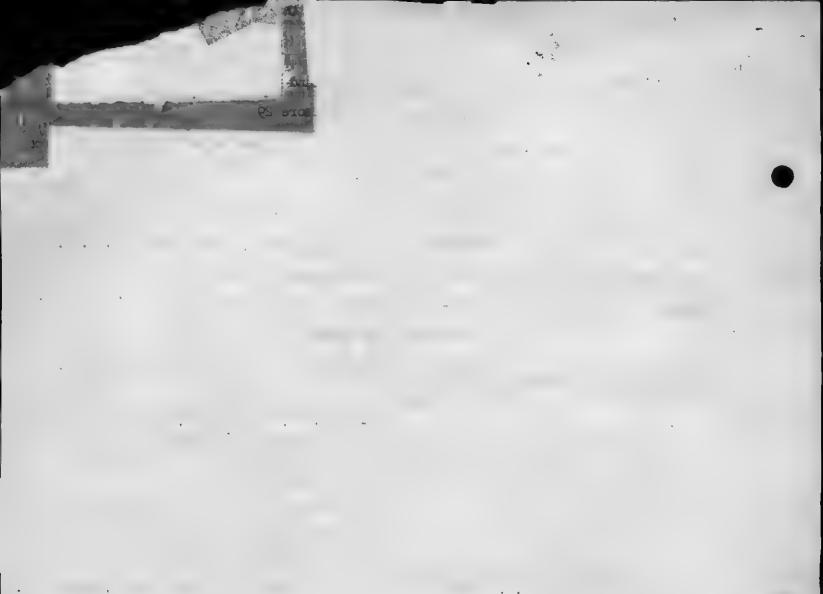
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death



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL R. IDENCE (Where deceased lived, if institution, Residence by e. COUNTY e. STATE **b.** COUNTY Baltimore 12 T MARYLAND Mary Land b. CITY OR TOWN (if outside corporate lim ts, C. LENGTH OF STAY IN 16 c. CITY OR TOWN I putside corporate imits, write RURAL and give neerest tow and deat ģ write RURAL and give nearest town) Baltimore 29 after Fort Howard Days .57 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) ON A FARM hours 512 Glen Allen Drive YE5 Veterans Administration Hospital 3. NAME OF 4. DATE DECEASED GETSLER (Type or print) TWITE WITZCH DEATH October 1961 carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) pue Months WIDOWED | DIVORCED Male White February 24, 1895 event. physician 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Engineer
13. FATHER'S NAME Explosives <u> Allison Park, Pennsylvania U.S.A.</u> 14. MOTHER'S MAIDEN NAME please .⊑ aftending , and William Geisler Elizabeth Deitz Then WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (lifyesgivawerordetesofservice) Clinical Records VAH. Baltimore 18, Maryland physician, 206-01-0038 WW Fort Howard Division permit. 1B. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).) INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 MONTHS CARCINOMATOSIS WITH JAUNDICE IMMEDIATE CAUSE (a) burial-transit DUF TO aftending CARCINOMA OF URINARY BLADDER WITH METASTASIS TO UNKNOWN peen gave rise to immediate cause PERIAORTIC NODES AND LIVER (a), steting the underlying has ILEO-LOOP BLADDER 15 MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTOT RECORDED TO THE SIGNIFICANT CONDITION OF CONTRIBUTING TO DEATH BUTTOT RECORDED TO THE SIGNIFICANT CONDITION OF CONTRIBUTING CALSE OF DEATH OF SIGNIFICANT CONTRIBUTING CALSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER] the ö certificate the 4 may be retained by the DIRECTOR: After this 3 should be detached to Ś 20c. TIME OF INJURY Month, Day, Yeer 1 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc. While Not While Hour am et work at work 21. I certify that XI) (this hospital) attended the deceased from September 20161, toOctober 5 1961 that (\* (we) last ..1961 saw the deceased alive on October , and that death occurred at. A.M., from the causes and on the date stated above. 22b DATE 220, S.GNATURE ATTENDING STAFF 10 D RECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Page THOMAS F. VAH. BAITIMORE 18, MARYLAND, FT. HOWARD DIV. CRAHAN. M.D. ector, 230. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) ÷ 5. Glenshaw, Pennsylvania Mount Royal Cemetery OF 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Maryland 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Wm. Cook-Blight, Inc. 6009 Harford Rd., Balto. 14 DATE OCT 1 0 '61 15M 9/60

MARYLAND STATE DEPARTMENT AND HEADY

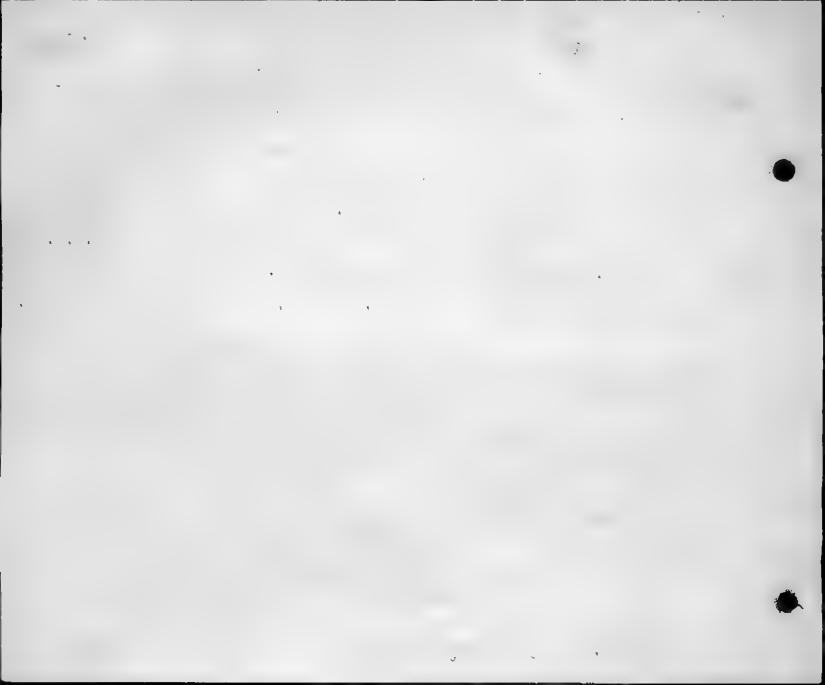


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certificate g physicia remove co 72 hours al	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	INFORMANT		Address	
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HC TAL O		PHYSICIAN'S Melvin N. BORDE	V BAS	TO 29,1	40	
Teginal Miles	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote)
o HG O FUN Page the re	/	Rurial 10/20/61 New Cather			imore, Mary	
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS			246. REGISTŘAR'S SIGN	
15M 9/58	\	(Warnie Glen Burnie	Md. DARG	T 1 9 '61	arthur S. Kr	ul <b>a</b>

2/17/1/25

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution, Rasidence before admission a. COUNTY a. STATE MARYLAND Butside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled . IS RESIDENCE d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NOON 3. NAME OF Middle DECEASED OF (Type or print) DEATH eanon. AGE (In years | IF UNDER 1 YEAR and last birthday) Months ODa. USUAL OCCUPATION (Giva kind of work physician 106, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) done guring most of warking I fe, even if retired) Baltimore. tudent 13. FATHER'S NAME attending pl Vannie B. Matthews and ames H. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no. or unkown) (if yes give war or datas of sarvica) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to Immediate cause DUE TO (a), stating the underlying has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not White Hour a.m. at work at work DIRECTOR: 3 should be de CT 23, 19 6/, that (I) (yes) last (this hospital) attended the deceased from..... and that dath occured at II.P.M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDKES 22c. PHYSICIAM'S director, F be filed w 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BUREAM CREMATION. REMOVAL (Specify) 0 8 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Kraus 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved, If Institution; Residence before admission) a. COUNTY b. COUNTY Bal Bal timore Marvland MARYLAND he and 2 death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 ģ write RURAL and give nearest town) Baltimore-Catonsville .S ... & Baltimore filled ir Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 5 South Beechwood Avenue South Beechwood Avenue 3. NAME OF M'ddla Year DECEASED OF (Typa or print) DEATH 19 October Bernard 8 carbon with 5. SEX 6. COLOR OR RACE 7, MARRIED K NEVER MARRIED AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) and Months Hours White Male WIDOWED [ DIVORCED 24 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore on country) dona during most of working life, even if retired) Photo Engraver (Retail Maryland U. Sa A. Baltimore. phy 13. FATHER'S NAME MOTHER'S MAIDEN NAME ding Harry J. Gilner Mary Callahan ā aften 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas giva war or dalas of sarvica) Mrs. Mary G. Ellard-5 South Beechwood Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enler only one cause per fine for (a), (b), and (c). ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: g physic signed IMMEDIATE CAUSE (a) DUE TO ending Conditions, if any, which (6) gave risa to Immediata causa **DUE TO** (a), stating the underlying nas certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) (12) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) While Not While Hour a.m. at work at work may be retained. DIRECTOR: 3 should be de 19 0 to 10 ..... 19.6 (that (I) (we) last 21. I certify that (I) (this hespital) attended the deceased from....... 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S director, page be filed with the FUNERAL 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 0 Baltimore, Maryland New Cathedral Cemetery 10 - 30 - 61Burial

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

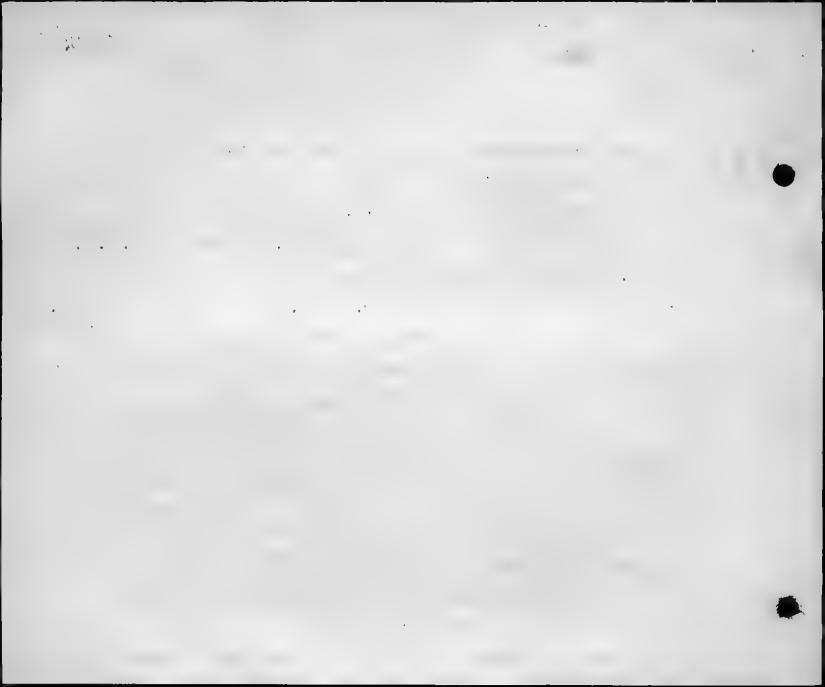
DATE OCE 3 1 '61

25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NO E

(Stata)

DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 11089 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore filed b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If autside corporale limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) shauld be RURAL and give negrest town!
Dundalk ( Dundalk vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 31,20 Dunhaven Road Dunhaven Road YES NO X pud NAME OF DECEASED First Middle Year (Type or print) RUSSELL LEE DEATH Pages GODSEY October 1st. 19 6] 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years lost, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. campletely 11,1899 October DIVORCED [ male WIDOWED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1st Helper Open Hearth Steel Maryland USA carbon ofter a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Godsey Mary Wommack remave WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 22 yes Margaret L.Godsey same INTERVAL BETWEEN ONSET, AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) INOMA OF DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL ő 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m Not while of work of work 21. I certify that I attended the deceased from.\_\_\_ 1927, that I last saw the deceased and that death occurred at 4:00P M, from the causes and on the date stated above DATE SIGNED ACTUAL SIGNATURE Dundalk Avenue PHYSICIAN'S W.E. Baermann, M.D. Baltimore 22. Maryland 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d LOCATION (City, town, or county) Burial Specify Oak Lawn Cemetery Baltimore Co. Maryland

24a. REC'D B CREGISTRAR

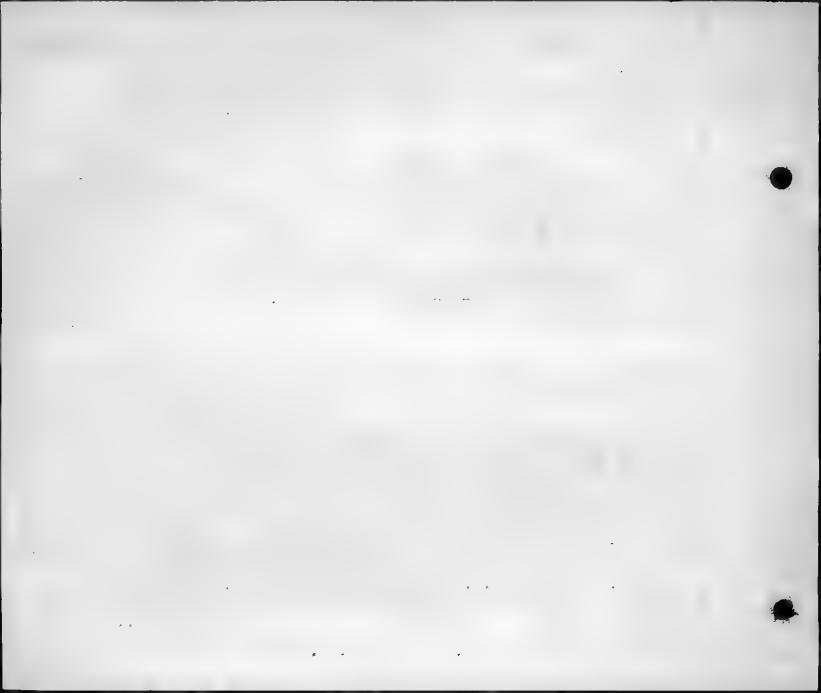
VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

Walter Brooks Bradley, Inc., Dundalk 22, Md DATE SET

hours after death.

within

requires that the death



V 16	B 1	/	Division of statistical research and records, 301 W. preston street, baltimori	E 1, MARYLAND
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d the			b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWNALL outside corporete limits, write	RURAL and give nearest town)
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ysic emo			SUPERVISOR, U.S. GOVT MD,	U.S.A.
h ch r ph se r		13	FATHER'S NAME	
leafl ding plea			MARTIN F. FABIAN ROSE DIEGEL	
ifen i			WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17. INFORMANT  Address ss, no, or unknown) (Ifyes give war or detex of service)	RI
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thir rem		1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
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Te On a			21. I certify that (I) (this hospital) attended the deceased from 1961, to 1961, to	- () (· )
F E E E			saw the deceased alive on O.C	
Short Str			220. SIGNATURE ATTENDING MED STAFF	22b. DATE
H 4 H	- /		MD PHYS. DIRECTOR PHY	10/20/6
PITA Page NERA Nr. pag	1		NAME (Type) M Paul 13 gerly 15890 gotte K	a last
File St C		23	BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tow	n or county) Mistele)
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MARYLAND STATE DEPARTMENT OF HEALTH



VS. A15ME(5) 5M 9/55

MA	RYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
0.0	MEDIC	Al FX	AMINER'S	CERT	IFICATE	OF DEATH	

Reg. Dist. No. 11081 11091

Paltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	5 COUNTY	altimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recreat fown) Long Beach	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		limits, write RURAL and	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Box 302, Chesapeake		d. STREET ADDRESS	Chesape	ake Ave.	e, IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) / DA	MALIE	Praham	4. DATE OF DEATH	Month	Day Year 1961
5. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWED		DATE OF BIRTH 5/26/1889	9. AGI lost b	E (In years IF UNDER Herhday)  Z yrs.	TYEAR IF UNDER 24 HRS. Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewife	nd of Business or Industi at home	Baltimo	re, Md.		ZEN OF WHAT COUNTRY
13. FATHER'S NAME Bernard Lewis			a Luers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes. no. or unknown) (If yes. give wor or dates of service)		wrence Zor	n, neph	ew, above	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	er (o), (b), and (c).] Oce	· lusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gover rise to immediate cause	unde ze		no ste	4515	590
(a), stoting the underlying DUE TO (c)		nese to			logu
PART II. OTHER SIGNIFICANT CONDITIONS CON					PERFORMED?
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	nter nature of injury in Pari	t i or Port il af item	18.)	
9	JURY OCCURRED 206. PLACE facta of work	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or taw	n) (Cou	inty) (State)
21. I certify that I took charge of the redeath resulted from: Notural couses		•	Transfer 1	tion <del>[], I</del> nquir rmined couse []	y <del>[], a</del> nd find thol
ACTUAL SIGNATURE JOURNES	Riem	_M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S SAME (Type)	Collins	ASSISTANT MEDICAL I			10-10-61
REMOVAL (Specify) 10/11/61	Schwartz Ce	metery	Baltim	ore, Md.	(State)
Charles E. Schimunek Fur	neral Home	24g. REÇ'I	DES REGISTRAR 1	24b. REGISTRAR'S SIG	NATURE Trans

12 22

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1109

CERTIFICATE OF DEATH

11082

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	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (\	Where deceased lived, if institution: b. COUNTY	Residence before admission)
	Baltimore  b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Marylan		Arundel Co.
ı	write RURAL and give nearest fown) Catonsville	1 Da.	Glen Br	rnie, Md.	07x-
	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS		15 RESIDENCE     ON A FARM?
	Spring Grove State Hospit	tal	303 Fir	st Ave., S. W.	YES NO
İ	3. NAME OF First DECEASED (Type or print) Frank	M'ddle	1	DATE Month OF DEATH OCT	Day Year 27 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED	THE NEVER MADRIED TO B.	DATE OF BIRTH	19. AGE (In years IF UNDER!	
1	M WIDOWED		1-13-1878	last birthday) Months 83 yrs.	Deys Hours Min.
J	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or foreign country)   12. Cl1	TIZEN OF WHAT COUNTRY?
	Retired (Const.Eng.) Cum		Maryland		. S.
	Unknown		Unknown		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO 1 17. IN		Address	
	(Yes, no, or unkown)   (Ifyesgive war or dates of service)   Unknown 21			ng Grove State Ho	spital
	18. CAUSE OF DEATH [Enter only one cause per lin	17 07 CAT 1			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) TOTAL	inal Pneumonia.			ONSET AND DEATH
	Land I DUE TO				
	Conditions, if any, which	iosclerotic car	diovascular di	sease.	
	gave rise to immediate couse				
	(a), stating the underlying but to Artel	riosclerosis, g	eneralized, se	vere.	
ı	PART I. OTHER SIGNIF. CANT COND. TIONS CONT	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
	CAI				YES NO
	PART I OTHER SIGNIF.CANT CONDITIONS CONDITIONS  208. ACC DENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	CRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I	or Part   of stem 18.)	
	ZOc. TIME OF INJJRY Month, Day, Year 20d. I'm Hour e.m. While at work	- 1401 17 HIDO	F OF INJURY (Home, farm, 2 y, street, office bldg., etc.)	Of. (City or town) (Col	unty) (State)
	21. I certify that XI (this hospital) attend		10-26-61 77 13	,, to 10-27-61 ,, 19	that (X) (we) last
	saw the deceased alive on10-27-0	4	11 " 11	,	
	22a. S.GNATURE				226. DATE
	Sella W.	nalsles - M.O	ATTENDING MED. PHYS. DIRECT	TOR PHYS.	10-27-61 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS Spri	ng Grove State H	ospital
٥.	NAME (Type) Stella Wachsle	er, M. D.	Cato	onsville, Marylan	d
	236, BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 23	d. LOCATION (City, town or count	(State)
7	Burial 30th Oct. 61	Glen Haven C		Glen Burnie,	Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	mil our	Y REGISTRAR 256, REGISTRAR'S	SIGNATURE
3.	Trekard 1 Confelor	Gentournie	DATE OCI	30'61 culling	Kuns



2. USUAL RESIDENCE (Where-deceased lived. If institution: Residence before admission) c., CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES INO IX 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12 CITIZEN OF WHAT COUNTRY? WSA INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P (County) (Stote) 10-30- 1961 that I last saw the deceased \_, and that death accurred at left\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED (City, lown, or county) (Stote) 24b. REGISTRAR'S SIGNATURE a. Ihur S. Hises

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

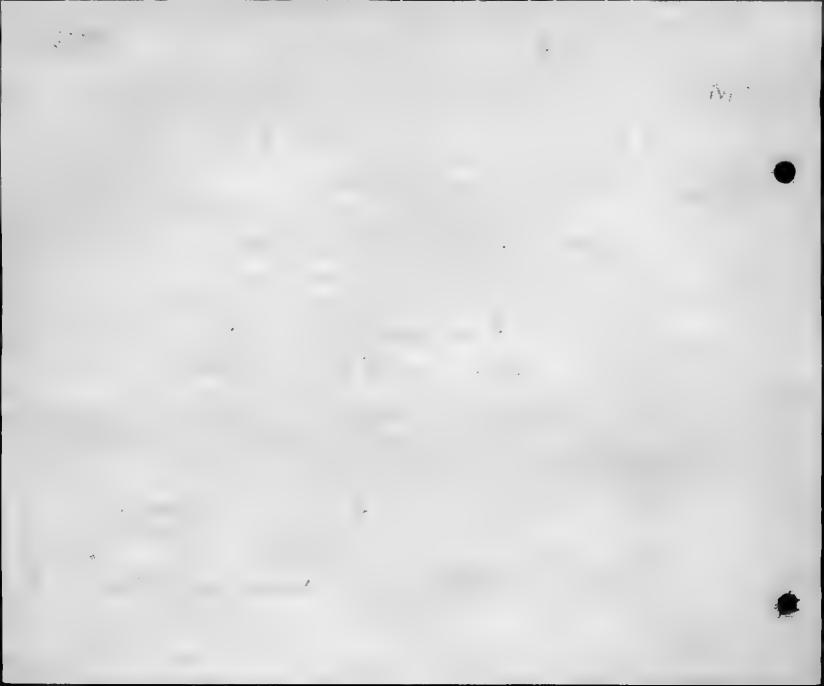


TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

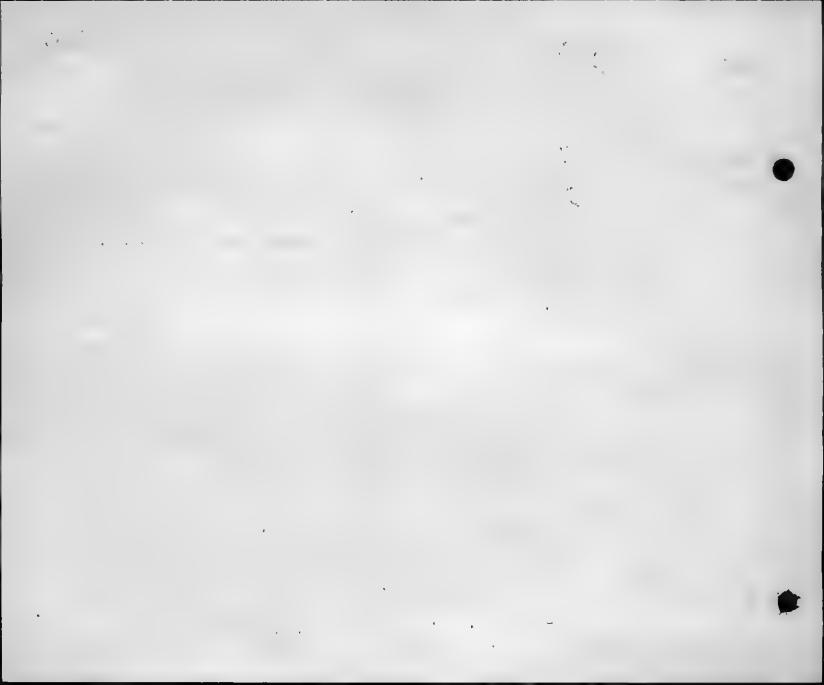
2 TO FITTERAL STREETING After this certificate has been signed by the extending physician and completely filled in by the funeral director, mage 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Dept. of Health prior to bur , cremation, or removal, and in any event, within 72 hours effect death.

MARYL	AND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
11094	CERTIFICATE OF DEATH	11084
11033	And	

		B. COUNTY D. C. STATE D. COUNTY D. COUNTY D.
1		Balteria de Maryland 6. STATE MA
IJ		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
		Baltimore 28 Baltimore 29
1	1	d. NAME OF HOSPITAL OR INSTITUT ON, (if not in hospital, give street eddress)  d. STREET ADDRESS  o. IS RES.DENCE ON A FARM?
	ا ا	House in mes 434 . angusta Brue NOI
		NAME OF First Middle Last 4. DATE Month Dey Year
/		(Type or print) Walliam T Strandolf DEATH U.C. 29 196/
	5.	SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9. AGE (IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS.
	_	m WIDOWSD D VORCED V 521.22 73 Strick Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	"	Limentative to Jun laker Ind. U.S.a.
	13.	FATHER'S NAME
	]	Gorge Thundell (unhum)
	Is.	WAS DECEASED WER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT s, no, or unknown (Ityos give wer or delas of service)
		no lives dutainson
	1	18. CAUSE OF DEATH [Enter only one cause per une for (a,, (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PROPERTY OF THE PROPERTY OF
		42 DUE TO
		Conditions, If any, which (b) artirogeterative Cordin Vascular Dissone 1537.
		geva rise to immediate cause
		(e), stelling the underlying DUE TO
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
Tg.	100	PERFORMED?
	ŭ	YES NO ACCIDENT WAS UNDERLYING 1 1 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.)
	CERTIFICATION	2De, ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part For Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	1.1	
	MEDICAL	Hour s.m. While Not While fectory, street, office bldg., etc.)
	X	p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from
		saw the deceased alive on
		228. SIGNATURE  228. SIGNATURE  ATTENDING MED. STAFF  SGRED  PHYS. DIRECTOR PHYS.   16/6/6/6/6/
		The state of the s
		NAME (Type) Wilmer K. Gallager 19.1). 6269 Frederick Ave, Baltimore 28, M.
	23	BENOVAL (Specify) 23b. DATE THEREOF 23c Name OF CEMETERY OR CREMATORY 23d. LOCATION (C.ly, town or county) (State)
A.	1	24mil 11/4 6/ Carneling Data My.
	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  258, REC'D BY REGISTRAR'S SIGNATURE
1	1	marsial + Son 28 DATE NOV 3 61 arthur S. Kraus
		·



4				N	ARY	LAND STATE DE	PARTMENT	OF HEALTH				
- 1			DIVISION	OF STATISTICAL	RESEA				ALTIMORE 1, M.	ARYLA	ND	
h = n/			•	11095		CERTIFICATE	OF DEAT	Н		A A	08;	•
afte afte	(IV		PLACE OF DEAT	~ ~ U ~ U ~ U ~ U		, I		DENCE (Where dace	esed lived, If institution	Residence	bafora d	dm.ssign)
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				Baltimore		MARYLAND	a. STATE	aryland	b. COUNTY			V
t ho by th and death			b. CITY OR TOWN	(if outside corporete lim to d give namest town)	4	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpore	te limits, write RURAL e	nd give ne	arest tow	rn)
2	0 13	1	Catonsvi	lle		7yr8mth3dys	Baltim	ore	Cherry Control	,		- 1
ilhin illed i ages safes		-	d. NAME OF HOSE	ITAL OR INSTITUTION (IF	not in ho	spita., giva street addrass)	d. STREET ADDS	RESS			e. IS RI ON	ESIDENCE A FARM?
₹ 15 E	-	_		ROVE STATE	HOS	SPITAL	_	00 East Fo			YES _	
To He C		3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Day	Yan	
dwo u		_	(Typa or print)	Char		I.	Gude	DEATH	October	8		61
Me de		5.	SEX	}		THE TEXT IN THE PERSON	8. DATE OF BIRTH		AGE (In years IF UNDER ast birthday) Months	Doys	Hours	Min.
te b car		10	male	white	WIDOWI	ED DIVORCED (	ct. 17, 19	15 1	5 ул.			00100000
ifica iciar icove eve		do	ne during most of w	T.ON (Give kind of work orking life, even if relired	105. K	IND OF BUSINESS OR INDUST						COUNTRY?
cert hys rem any		19	shipyare	worker		shipyard	Mar		ltimore.U.	S. 1	A.	-
Ta prage sase		13		and the state								
des indiii and		15.		les Gude	- FS7 1 1A	SOCIAL SECURITY NO. 17.		eth_Bachma	Addrass			
the afte Ther val,		{Ya	nlmown	(If yes giva war or dates of se	rvice)			DING CDOT		ro an Tri	TI n w	
that the it.		- "		DEATH (Enter only one			corus: Sr	RING GROV	E STATE F	IOSP <u>I'.</u>	TAL RVAL BET	TWEEN '
res icial by erm				TH WAS CAUSED BY:		ronchopneumoni	a			ONS	ET AND	DEATH
aqui ohys ned ned sit p		JZ	4501	DUE TO		The second section of the second seco				-		
w rang properties		Υ	Conditions, if an									
e la andii Seer rial-i			gave rise to Imma	diata cause								
Thatte			(a), stating tha causa last.	underlying (c)								
ate the		Z	PART II. OTH	ER SIGNIFICANT CONDIT	ONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE CO	INDITION GIVEN IN PA	RT 1(a) 19	. WAS A	AUTOPSY DRMED?
CI digital di		CERTIFICATION								Y		ио 😿
AS)	-	TIFE	20a. ACCIDENT V	WAS UNDERLYING []	206. DES	SCRIBE HOW INJURY OCCURE	D. (Enter natura of insur	y in Part I or Part It o	item 18.)			
PH the the the		1 -	(IF EITHER, NOTIF	Y MEDICAL EXAMINER								
P P P P P P P P P P P P P P P P P P P		MEDICAL	20c. TIME OF IN	URY Month, Day, Yas	20d. While	INJURY OCCURRED 20a. PL	ACE OF INJURY (Homa story, streat, office bldg	, farm, 2Df. (City o	r town) (Co	unty)		(Stete)
ined ined deta		ME	p.m.		at wo	rk et work						
P & C and P			21. I certify	that A (this hospital	al) atten	ded the deceased from	Feb. 5	911854 to	Oct. 8, 19	61, th	at (10) f	(we) last
F S S S S S S S S S S S S S S S S S S S			saw the dece	ased alive on 0.1	et. 8	1901, and tha	t death occured	ataM, from	he causes and on	the dat	e state	d above.
OR OR Shorts		1	22e. SIGNATURE	α	1	1.10	ATTENDING	MED.	STAFF	0 6		SIGNED
14 TE	/		22c. PHYSICIAN'			2000	A.D PHYS 22d. ADDRESS	SPRING G	ROVE STATE	9-6	SPIT.	AT
ER. ER. Page	•		NAME (Typ	-1	la Wa	chsler, M. D.		Olking G	le 28. Mary		OF I I	للك
FUNER Betor, pe		234	BURIAL CREMA	TION, 23b. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY		ION (City, town or cour		(5	lete)
Ten Si			REMOVAL (Specif	y) 70 1°	-6	1 Mt. Carmo	_ '	5712	J'Donnell	St	Balj	8:
VR A15 (4)		24	FUNERAL DIRECTO	BAS SIGNATURE		ADDRESS	25e	REC'D BY REGISTR	AR 256. REGISTRAR'S	SIGNATI	JRE	,
15M 9/60	,	16	harles of.	Leilar 90	Ba	108nklingaSt	DAT	QCT 1 3 '61	Cinthun a	P. Krau	4	
		1-		1								



# HEALTH DEPT.

TO DEMITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any 25tay is necessary, please extent the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to intend director. Page 4 kkould like forwarded to the Chief Medical Examiner's Office along with form IM3. Page 5 may be extained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

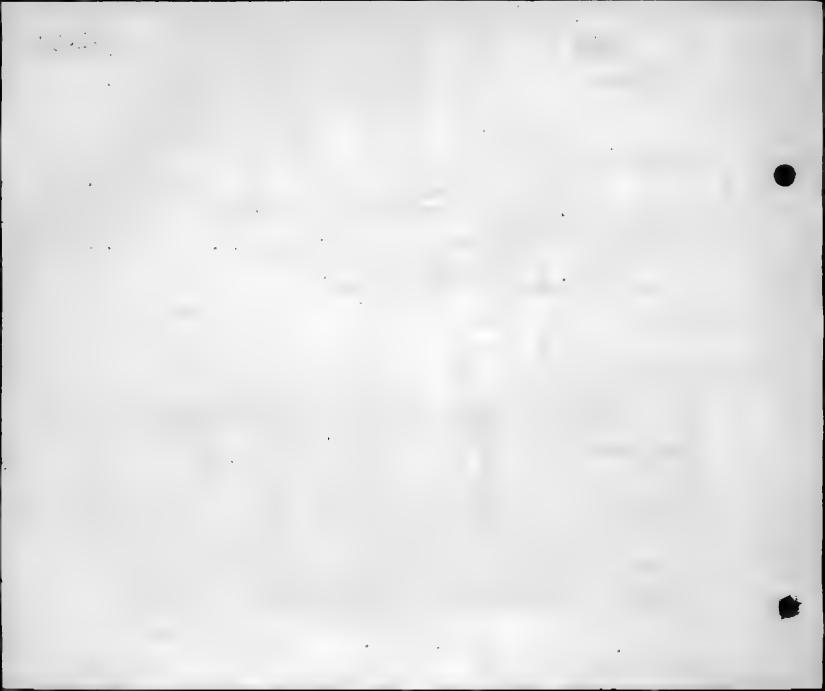
Contract of the last

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CI 11095

ERTIFICATE	OF D	DEATH	Reg. Dist.	1.1 No.1	08	6

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
DIRECT & BALCO MARYLAND			MARYLAND	o. STATE Maryland b COUNT Balto.		
b. CITY OR TOWN (Faulude corporate limits, write RLRAL or, LENGTH OF STAY IN 16 and give negretations)			c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
	Dudalk			Dundalk		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			pital, give street address)	d. STREET ADDRESS e. IS RESIDENCE		
Dundalk				2042 East	t Preston Street YES NO NO	
	NAME OF DECEASED	First	Middle	Lost	4 DATE Month Doy Year	
	(Type or print)	Joe	Guin		DEATH October 3rd. 19 61	
5.	SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE Ito years IF UNDER 1YEAR IF UNDER 24 HRS.	
	Male	Col. WIDOWED	DIVORCED   S	September ]	LO-68 53 yrs Months Doys Hours Min.	
106. USUAL OCCUPATION (Give kind of work dane 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working tile, even if refired)						
Laborer Construction Union Co. N.C. U.S.A.						
13. FATHER'S NAME						
George W. Guin				Renie	White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT  Address  [Yes, no, or unknown]   [Ill yea, give wor or dates at services]						
No Effie Guin Same						
1 NS					INTERVA, BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) (1) Markey Wy Wy Fb CAPT CAUSE					
V	812 X DUE TO					
	Conditions, if any, which) (b) Up SU arthree					
	gove rise to immediate couse (a), stating the underlying DUETO					
	couse lost. (c)					
20	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
FICATION	YES NO 19-					
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY D'OR CONTRIBUTING   200. DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Port II al Item 18.)  AUC   LICH   WAS   100   10					
] -						
MEDICA	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State)  Hour on / 0 - 319 ( ) work ( of work					
~	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my					
	opinion death resulted from. Natural causes , Accident M. Suicide , Homicide , Undetermined manner					
	Total Control Constitution Constitution Constitution Control Constitution Control Constitution Control					
	ACTUAL SIGNATURE MD CHIEF MEDICAL EXAMINER [] DATE SIGNED					
	ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER					
	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER III					
270. BURIAL, CREMATION, 1716 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Slote)						
Burial 10/7/61 Carver Mem. Park Laurel Maryland					Laurel Marvland	
23 EUNERAL DIRECTOR SUCHTURED 1000 Brafficley Ave. 246. REC'D BY REGISTRAR'S SIGNATURE						
1	mar Og · · · ·			DATE 1	CT 11 '61 Orthon & Krone	
-						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

USA

(County)

Penn

25b REGISTRAR'S SIGNATURE

Chilbur & House

25o. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

YES TO NO M

19

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? YES T NO T

(State)

SIGNED

(State)

il director; filed with 2. USUAL RESIDENCE (Where deceased lived Winstitution: Residence before admission PLACE OF DEATH Baltimore g. STATE b. COUNTY Penn the funeral a b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Halethorpe Months Gettysburg d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 134 Hanover St. 20 Mavfield Ave pup Ξ. NAME OF 4. DATE Middle Lost DECEASED OF OCt.1,1961 MINNIE Α GUTMANN Poges (Type or print) SEX Female 9. AGE (In years lost birthday) etely DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months WIDOWED M DIVORCED | papers. d Og. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Andreas, Penn. Home and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Elias Mantz Sarah Lechleitner physici 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. John E. Gutmann, 1823 Mayfield Ave. none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY CARDIAL INFARCT IMMEDIATE CAUSE (o) DUE TO SCLEROTIC HEART DISEASE þ Conditions, if ony, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office bldg., etc.) 0. m While Not while of wark of work 21. I certify that (1) (this haspital) attended the deceased free saw the deceased alive an and that death accurred at? M. fram the causes and an the date stated above. 22o SIGNATURE ATTENDING MED DIRECTOR [ STAFF þ M.D 22c PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) 23a BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) Emmaus,

New Morivia

Wilkens Ave

ADDRESS

FULLER AT MIRICTOR: relained

2

24. FUNERAL DIRECTOR'S SIGNATURE

Howard H. Hubbard, 4107



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decreased lived, if institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY 6. COUNTY Raltimore MARYLAND b. CITY OR TOWN ( f outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) L6vr9molida Baltimore. Maryland Catonsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address) d STREET ADDRESS ON A FARM? 837 N Gav St. State Hospital YES NO K 3. NAME OF DATE Month Middle DECEASED 19 61 William Oct -(Type or print) Hagerman DEATH 6. COLOR OR RACE 17. MARRIED DE NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR 5. SEX IF UNDER 24 HRS. last by thday) WIDOWED [ DIVORCED 10s. USJAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State, or foreign country) done during most of working life, even if relired) Baltimore U.S. Box maker 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Caroline Klingmeyer George Hagerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Spring Grove State Hospital Unknown Records: INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per one for (e), (b,, end (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY Strangulated right scrotal hernia IMMEDIATE CAUSE (a) 1-6-hours DUE TO Conditions, if eny, which Direct-indirect inguinal hernia 10 -vearsgeve rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a): 19. WAS AJTOPSY PERFORMED? NO -Arteriosclerotic heart disease with obliterative pericarditis 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While Hour a.m. et work 21. I certify that 30 (this hospital) attended the deceased from 1-26-1915 saw the deceased alive on.... 10-30-1961.19 22b. DATE 22a. SIGNANUE 10/31/61 SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d ADDRESS Spring Grove State Hospital 22c. PHYS CIAN'S NAME (Type) Imre Kopits, M. Catonsville, Maryland 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State)

5 p 5 VR A15 (4) 15M 9/60

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Pages filled

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physician

please altending

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certificate

DIRECTOR

FUNERAL

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use

and

<u>.=</u>-

24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217 St. Paul

11-2-61

BURSMAYAL (Specify)

ADDRESS

Street

St. Peters Cemetery

25%, REC'D BY REGISTRAR . 25%, REGISTRAR'S SIGNATURE

DATE

Baltimore



可以 TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be on led within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

\$ \( \times \) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in mny event, within 72 hours aftergooth carbon pages.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LEGENTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution; Rasidence before admission)
	3	Baltimore MARYLAND	Maryland Baltimore
Н	-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limpts, write RURAL and give neerest town)
-	,	write RURAL and give neerest town)	V
		Relsterstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d, STREET ADDRESS   a, IS RESIDENCE
7		Bent Nursing Home	ON A FARM? YES NO
		NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer
		(Type or print) Esmereldo Ha	lzapfil DEATH October 22, 1961
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	Female White WIDOWED N DIVORCED	last birthday) Months Days Hours Min.
	dor	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  Housewife	11. BIRTHPLACE (County & States or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,		Francis Marion Hale	Eichelberger
/	15.		NFORMANT Address
	110	s, no, or uncown) (it youghte well of cales of set alce)	
		18. CAUSE OF DEATH [Enter only one couse per ine for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- asperation 5 days
		STORE TO CONTRACTOR OF THE PROPERTY OF THE PRO	
		Conditions, if any, which (b) Wellery conference	escol
		gave rise to Immediate cause	
		(a), steting the underlying couse lest.	
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
	ATI		PERFORMED? YES NO SEL
	E	200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED	, (Enter neture of in ury in Pert I or Part II of Item 18.)
		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	faut	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	M.	Hour s.m. While Not While p.m. 19 at work at work	A 1
		21. I certify that (I) (this hospital) attended the deceased from	well, 1961, to oction 12, 1961, that (1) (we) last
		saw the deceased alive on school 20 19.66, and that	death occured at C. S.M., from the causes and on the date stated above.
1		223°, SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		(laven: E)// Illeanis "	D. PHYS. DIRECTOR PHYS. D. October 27 1961
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		NAME (1990)	11904 Centention of Reislinsli con Manyland
	23e	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (9thy, town or county) / (State)
	/	PENOYAL (Specify) BURIAL ROSEHI	LL HAGERSTOWN MD
	3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6	2	ul & Shewoweth 3117 blustut	Les DATE DATE Orthug 9 to

Port M. Tuen It.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11100
CERTIFICATE OF DEATH

	. Y.T. (1)
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)
Baltimore MARYLI	a. STATE b. COUNTY
b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY	
write RURAL and give neerest lown)	X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Stevenson
	ON A FARM?
"Withywood"	"Withywood" YES NO X
3. NAME OF First Middle	Last 4, DATE Month Dey Yeer
(Type or print) Elizabeth Luck	Hammond DEATH Oct. 16 19 61
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	
F W WIDOWED DIVORCED	Tana Ol. 300F   Past Dininger) Months   Days   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR If done during most of working I fe, even if retired)	DUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	14. MOTHER'S MAIDEN NAME USA
Preston Luck  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no. or unkown)   (Ifyesgivewerordetesofservice)	
NO %	Hall Hammond Above
18. CAUSE OF DEATH  Enter only one couse per line for (a), (b), and (c).	INTERVAL BETWEEN ONSEY AND DEATH
PART I. DEATH WAS CAUSED BY: MEDIATE CAUSE (a) Myocardial in:	farction 3-4 hrs.
420.0 DUE TO	
Conditions, If ear which ) (b) Arterio-sclero	tic heart disease and hypertension??
gava rise to immediate cause	
te), sating the underlying	
19	BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
<u>————</u>	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CURED. (Enter nature of injury in Part I or Part II of item 18.)
20e. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 2 Hour a.m., While Not While Details at work at work at work	De. PLACE OF INJURY (Home, farm, factory, street, office bldg , etc.) (City or town) (County) (Stete)
p.m. 19 at work at work	
21. 1 certify that (I) (this hospital) attended the deceased	from 12-29-43 , 19 , to death , 19 , that (I) (we) last
says the deceased alive on 10-10-61 to an	d that death occured all 300, a fon the causes and on the date stated above
22e SIGNATURE	22b. DATE
Coanda B. Cool	ATTENDING MED CTAFF SIGNED
22c. PHYSIC AN'S	22d. ADDRESS
NAME (Type) Warde B. Allan, M. D.	
REMOVAL (Specify)	ETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial 10-18-61 Druid R	idge Pikesville Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
H.W.Jenkins & Sons Co.4905 York	Rd. Balto Oct 20 61 Carther S. Thank



11101

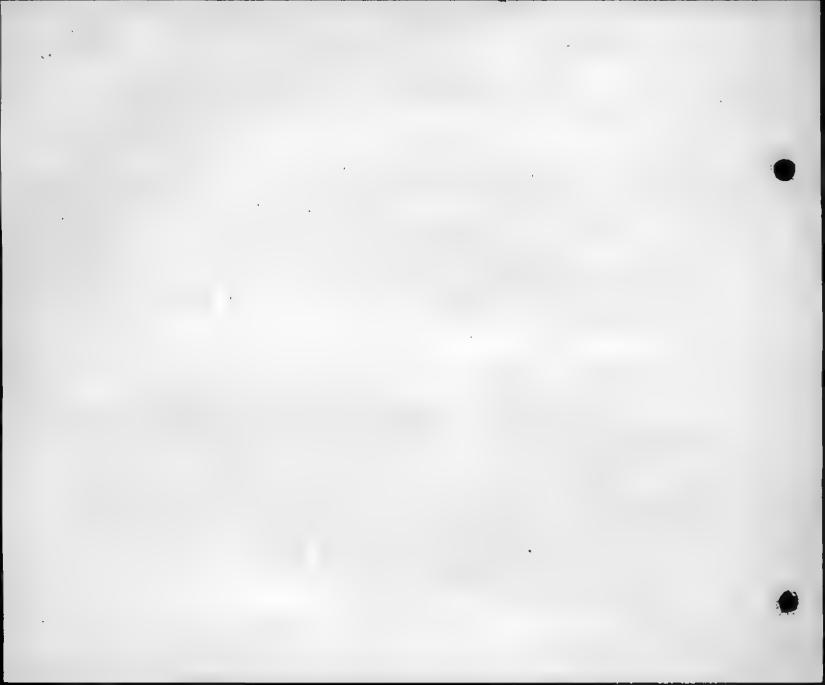
**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY  Dalto. MARY	YLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Battingore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give pegrest tawn)	IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 5611 East AV	d. STREET ADDRESS  2 15611 Fast AVO C. IS RESIDENCE ON A FARM?  YES NO
3 NAME OF DECEASED (Type or print) ONNA Cam	11a Harant DEATH Oct 2 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	ED Sept 12 1947 Resi birilady, Manihis Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ON ON	e Balto U.S.A.
Francis C. Harant	14. MOTHER'S MAIDEN NAME / M. Chaner
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  (If yes, give wor or dates of service)  (O h a	Francis CHapant 5611 East Ave
1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ICHO-PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTION	BRAL MALFORMATION  BY MALFORMATION  19 WAS AUTOPSY PERFORMED?  YES NO IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO IN IN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg , etc.) (City or town) (County)
220 SIGNATURE Johnson	that death accurred at A.P.M., from the causes and an the date stated above  ATTENDING  MED.  STAFF PHYS.  STAFF PHYS.
22c. PHYSICIAN'S NAME PYPE) SOHN W. MACHEN	M.D. 6331 BELSIR ROSD (6)
REMOVAL (Specify) 10-5-61 HOLK	Reducemental Bolain Rd Bate 6 Md
24-FUNERAL DIRECTOR'S SIGNATURE ADDRESS ( BLO. 7/10 Bola 1 h	DATES 1 4 161 Chilms S. Kinna
- 0.7	

TO HY STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



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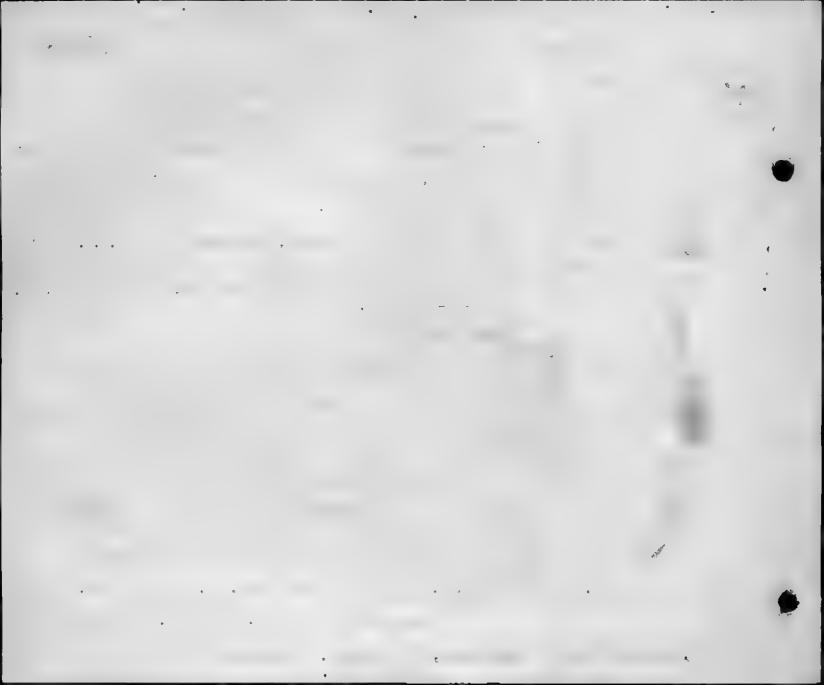
hospital

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECOR STON STREET, BALTIMORE 1, MARYLAND F 1 (m Gray\_ 11/0/01 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before edmission) e. COUNTY b. COUNTY Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town) write RURAL and give neerest town] Fort Howard \_= 66 days Baltimore Pelli d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital Abbottston NAME OF 4. DATE OF DECEASED (Type or print) DEATH 19 67 October WILLIAM 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours White Malle. May 16. WIDOWED DIVORCED [ 16e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Steel Mill U.S.A. Roller Maker Passiac. New Jersev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please William Heatley Mary McShane aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Clinical Records VAH. Baltimore, Md. 16. SOCIAL SECURITY NO. (Yas, no, or unkown) , (If yesgive wer or detes of service) Howard Division 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) INTERVAL BETWEEN permit. signed by ONSET AND DEATH I. DEATH WAS CAUSED BY: LOBAR PNEUMONIA DAYS IMMEDIATE CAUSE (e) burial-transit XXEX X UNKNOWN GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which certificate has been geve risa to Immadiate cause **DUE TO** (a), stating the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES TO NO T CHROIVIC BRAIN SYNDROME 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., atc.] While Not While Hour a.m. et work at work DIRECTOR: 21. I certify that (In this hospital) attended the deceased from August 23 ....., 19.61 to October 28, 19.61 that 30) (we) last saw the deceased alive on October ... 28 ... 161 ... and that death occured al. 10PMrom the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH. BALTO. MD. FT HOWARD DIV. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23s. BURIAL, CREMATION, 23b DATE THEREO REMOVAL (Specify) の市品 E. North Ave. & Rose Sts Baltimore Cemeterv 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Melville Jenkins Funeral Home . 2731 Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1 DIACE OF BEEF 2. DATE OF DEATH 1. NAME OF DECEASED (Type or Print) OCTOBER WILLIAM JOHN HEBNER 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYEAND A. STATE B. COUNTY man la a MARYLAND TE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** fif outside city limits, write RURAL and give township) ADDRESS OR LOCATIONS HOSPITAL OR CITY OF TOWN BALTIMORE D. STREET ADDRESS (If rurol, give location) 4234 BELMAR AVENUE 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. 8. DATE OF BIRTH 6. COLOR OR RACE SINGLE, MARRIED 5. SFX Months! Days Hours Min. WIDOWED, DIVORCED (Specify) 26.1867 QL WHITE WIDOWED MALE 12. CITIZEN OF WHAT COUNTRY? 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even if retiBOILER MAKER 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR INDUSTRY BALTIMORE MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN CONRAD HEBNER ROSETTA **ADDRESS** 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) (Yes, no or unknown) HEBNER 4234 NONE BELMAR AVE NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH 18. MYDEARDIAL INFARETION 1 HOUR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death) RTERIGICIEROTIC HEART DISEASE ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE HNDERLYING CONDITION LAST. CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IF OPERATION WAS RELATED TO CAUSE OF BEATH, ENTER IN PART I OR PART II 19A. DATE OF OPERATION NO IZ Micce 22. I certify that (I) (this hospital) attended the deceased from 19 (a) that (1) (we) lost saw the deceased alive on\_\_\_\_ and that in (my) (our) opinion deoth accurred of 11 P. m., from the couses and an the date stated above 23c. DATE SIGNED 23b. ADDRESS 23A. SIGNATURE OCT. 16,196 BELAIR ROAD ATTENDING PHYS MED. DIRECTOR STAFF PHYS. (City, town, or county) 24p. LOCATION 244. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24s. DATE BALTIMORE MARYLAND CARMEL CEMETERY 10/17/61 MOUNT BURIAL

25c. FUNERAL DIRECTOR

HENRY SANDER &

258 'NAME OF REGISTRAR

**ADDRESS** 

director, page to filed with the H VR A15 (4) 15M 9/60

FUNERAL

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filled in Pages

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physician remove

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OR ATTENDING PHYSICIAN: The law requires the may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by th 3 should be detached for use as the burial-transit permit. he State Dept. of Health prior to burial, cremation, or rem

please

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 

CERTIFICATE OF DEATH	11095
1. PLACE OF DEATH a. COUNTY DALTINGRE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution. Results on STATE on STA	-
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL or R	314414
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CATEN RidgE NURSING HOME 1807 HREDERICK	AVE SESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) CATHERINE HENDRICKS DEATH OCTUBE	Doy Year  C C 0 19 6/  DER 1 YEAR IF UNDER 24 HRS.
FEMALE White WIDOWED DIVORCED   NUME 1, 1874 87 yrs.	
during most of working life, spen if retired)  DOMESTIC  SWITZERLAND	4-5-A.
13 FATHER'S NAME UN KNOWN COOK. 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes. no. or unknown)  (If yes, give wor or doles of service)  NO NE NONE MONE MARTIN HENDRICKS 1935-GR	innalds Ave
18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).]  PART I, DEATH WAS CAUSED BY.  MMEDIATE CAUSE (a)  Cerebrellan Thresholds  Constant Thresholds  Constan	INTERVAL BETWEEN ONSET AND DEATH 2 Class.
Conditions, if ony, which gove rise to immediate (b) Cerebellau Caterwaleum	1 yes.
cause (a), stating the under   DUE TO   Lying cause lost. (c) Otherwellian Generally	2.yrs.
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 8 or Port II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m 19 While Nat while of work at wark 19 tactory, street, office bldg., etc.)	(County) (State)
saw the deceased alive an 10 20 1961, and that death accurred at 245 M, from the causes and on	
220. SIGNATURE P. WILLOWAY . M.D. ATTENDING MED. STAFF PHYS	22b, DATE SIGNED
22c PHYSICIAN'S NAME (Type) JOHN P. URLOCK JR 1227 WASH 13.	LU'D

A

250. REC'D BY REGISTRAR

DATECT 2 4 '61

40

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25b. REGISTRAR'S SIGNATURE

Chillier S. Kraus

WES

TO IUNE AL DIRECTOR: After this certificate has been signed by the attending physician and commeterly fitted in by the funeral directar, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with the State Board of Health prior to buriol, crematal, and in any event, within 72 haurs after death.

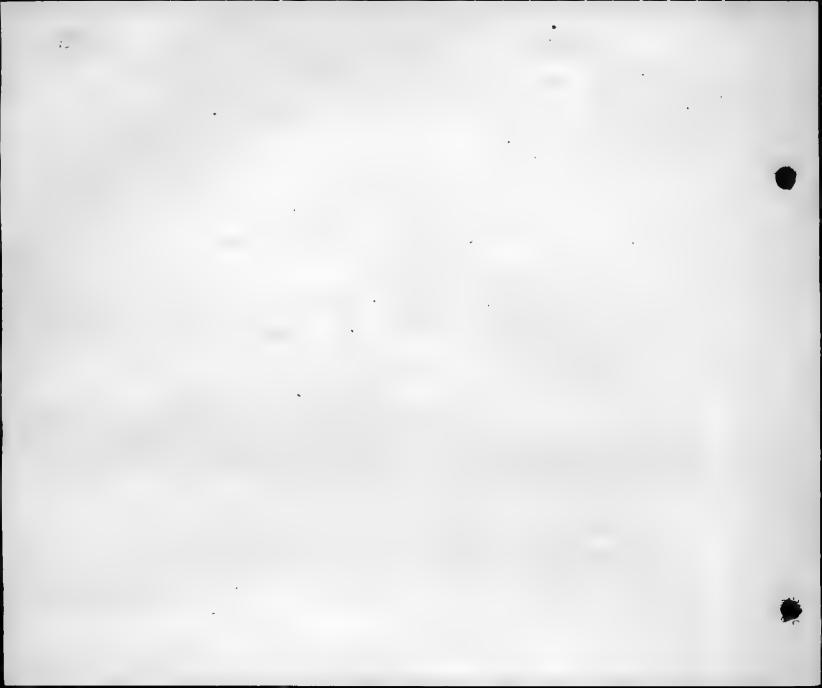
p.

FUNERAL DIRECTOR'S SIGNATURE TUNE

ITAL OR ATTENDING TITYLICIEN: The law requires that the death certificate by executed with

haurs after death. Page 4

9 VR A15 (4) 15M 9/59

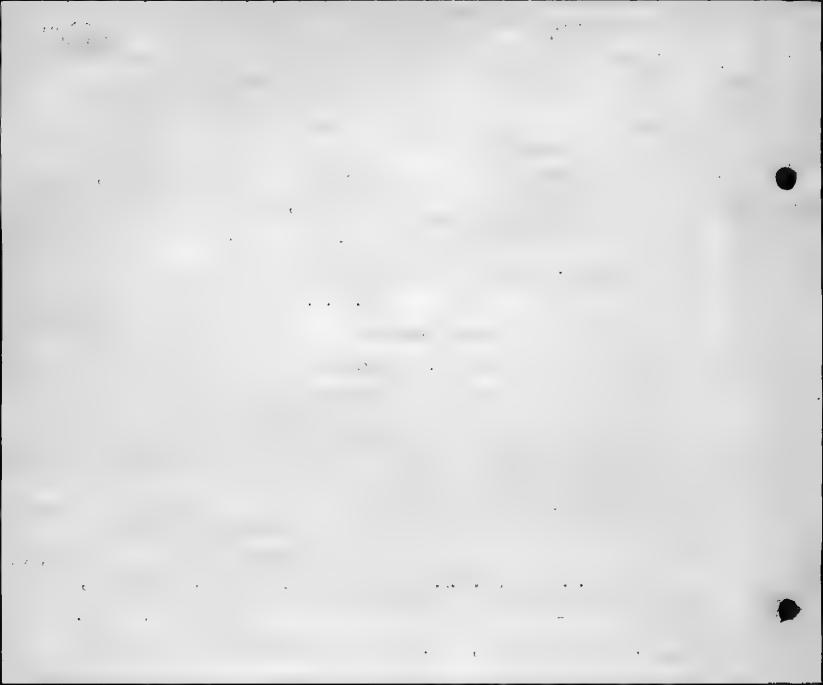


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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11096

a. COUNT	Y	altimore		MARYLAI		e, STATE	Marv		b. COU		isidance befo	re admission)
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b					c. CITY OR			orete limits, wr	te RURAL end	give hearest	town)	
write RURAL end give nearest lown)								71	1	a a		
		wson			_			imor	3	~ 1	· /.	1
d. NAME	OF HOSPIT	AL OR INSTITUTION (	f not in hosp	pitel, give street address)		d. STREET	ADDRESS					S RESIDENCE ON A FARM?
	Pr	resbyteri	an Ho	ome			4028	Fal.	Ls Roa	d	YES	□ NO □
3. NAME O		First		Middle		Last	1 '	. DATE	Mon	th	Day	Your
(Type or p		Josephir	10		He	ndrix		DEATH	0c	tober	9.	19 61
5. SEX		6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	]   B. D	ATE OF BIRTH	Н	19	. AGE (In year	I IF UNDER 1		IDER 24 HRS
Femal	le	White	WIDOWED			arch 2	26,18	74	last birthday) yrs.	Months	ays Hour	Min.
10a. USUAL	OCCUPATI	ON (Giva kind of worl	10b. KI	ND OF BUSINESS OR INC	DUSTRY	II. BIRTHPLA	CE (County	& Stele, or	foreign country	12. CITI	ZEN OF WHA	AT COUNTRY?
done donny	None	king life, even if ratire	<b>a</b> }			Penr	asylv	ania				
13. FATHER'S	NAME				14	. MOTHER'S	-			1		
	Dani	el B. He	ndrix	c		Mary	y Agn	es Fi	alton			
15. WAS DEC	EASED EVE	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.	17 INF	-			Addres	ii		
NO NO	nkown) i (If	yes give war or detes of s	ervice)		Mrs.	T.E.	Ell	iott.	Pres	bvteri	lan Ho	ome
	USE OF D	EATH [Enter only one	causa per Is	ne for (e), (b) and (c).)							INTERVAL	BETWEEN
	RT I. DEATH	WAS CAUSED BY		ebral Hemor	rha a						ONSET AN	ND DEATH 1711.101
	,	MMEDIATE CAUSE (a)	_001	ODI WI MONOY	11118	·						
Condition	ns, if any		Car	ebral Arter	i osci	lerosi	•				yea	ris.
	to immedia	rta cause		COINT MI OCI	TODO.	TOT OUT	89				100	- IP
	(a), steting the underlying DUE TO								220 0 20 0			
	cause lest.								years			
PARI	FR. OTHER	SIGNIFICANT CONDI	HONS CON	TRIBUTING TO DEATH BU	JI NOT R	LATED TO T	HE TERMINA	L DISEASE	CONDITION G	VEN IN PAKI	I(a) 19. W A	REORMED?
S Carcinoma of the breast									YES	NO 🛣		
OR CONT	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Port I or Port II of .tom IB.) COR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHER, MEDICAL EXAMINER)											
₹ 20c. TIM	E OF INJUI	RY Month, Day, Ye	er   20d.	NJURY OCCURRED   20e	. PLACE	OF INJURY (F	Home, farm,	20f. (City	or lown)	(Cour	ity) —	(Stete)
20c. TIM	ur e.m.		While	Not White		street, office						
	p.m.	19	et work							- 1		
	-		,	led the deceased for				-		-		
saw the	e decease	ed alive onQC	tober.	.5,1961, and	that de	ath occur	ed at <b>9.</b> ;]	.5% pine	the causes	and on the		
22a. SIG	NATURE	hll				ATTENDING	G ME	D.	STAFF			22b. DATE SIGNED
		AH eus	Ore 1	M.D.	M.D.	PHYS.	DIR	ECTOR [	PHYS.		Oct	10,196
	ME (Type)					22d. ADDI			a T1			
		S.J.Vena	ore, ar	M.D.			ASTP A	ork R	oad, Ba	ltimor	e 12,	Md
		ON, 236. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	-	23d. LOC	ATION (City, I	own ar county		(State)
TD *	. (Specify) a.]	10-12-	61	Stewart	stov	m		Stewa	artsto	wn, Pe	enna.	
	Coll Age	S SIGNATURE		ADDRESS			25a. REC'D	BY REGIST	RAR   256. R			
			Sons	s, Inc. 19	00 F			E18-1 1 -	3 '61		S. Flran	A
				,	wheel stocker							



VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11107 CERTIFICATE OF DEATH

Reg. Dist. No. 11097

1. PLACE OF DEATH a. COUNTY Baltimo	)?*A		Man	YLANG	2. USUAL RESID	yland	ere deceased	lived. If institut b. COUNTY		e before odr	mission)
	outside corporate limi arest town)	ts, write	50 yrs.	(IN 1b	c CITY OR T		· ·	ote limits, write i	RURAL and g	ive negrest to	own)
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street oc			d. STREET A		wood .	Ave.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Ernestine		. Hera		einhardi		4. DATE OF DEATH	Octob		Day	Year 1961
5. SEX Femal.e	6. COLOR OR RACE White	7. MARRIE			DATE OF BIRTH			9. AGE (In years last birthday) 72 yrs.	Manths	I YEAR IF UI Days Hou	7
10a USJAL OCCUPATIO during most of work Housewife 13. FATHER'S NAME	N (Give kind of work of ing life, even if retired	dane 10b. K	HOME	OR INDUST		tin-Ge	rmany	untry)		J.S.A.	AT COUNTRY
Franz Loes	esin						Zastro				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		OCIAL SECURITY NO	D. IN	FORMANT	207116	203 OT (		ress		
No [Yas, no, or unknown]	If yes, give war or dates of s	ervice)	Vowe	Owe	n E. Ter	rmolla	n Jr.	5808 We	stwood	l Ave.	
Conditions, if or gave rise ta ir couse (a), stoling i lying couse last.	he under-		Truno	n Co	reinar	na M	ch -	tis15 '		ONSET AI	BETWEEN ND DEATH
PART II. OTH	ER SIGNIFICANT CON		RIBE HOW INJURY O						VEN IN PARI	PEI	RFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	200. DE3CR	CIBE HOW INJURY	JCCUKRED.	. {cnrer norure or	r injury in r	orr corrorr	II OF ITEM 10.3			
ZOC. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	White of work	Not while	20e. PLA	CE OF INJURY (Fary, street, affice	Home, farm, bldg., etc.)	20f. (City	or town)	(C	ounty)	(State
alive on	at I attended the	deceased 19	/	degth M	occurred at	1960		the causes are	nd on the	date stat	e deceased led above DATE SIGNED
22g. BURIAL, CREMATION REMOVAL (Specify)	10-11-61	F	22c. NAME OF CEM		CREMATORY	<u></u>		ION (City, town,	or county)	(9	State)
23 FUNERAL DIRECTOR'S		m87	APORESS 32	en Lu Vai	191.	24a. REC'D			ISTRAR'S SIG		



11108									
	1	1	1	0	8				

11099

1	1. PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o STATE  b. COUNTY	/
1	Baltimore		MARYLAND - V	
1	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Hilson, Manyland	3 years 9 MO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	à,
N	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	oddress) /	d. STREET ADDRESS e. IS RESIDENCE ON A FARM	IE N
3	Lt. Wilson State Hospital	1	19010 MYSONSTREET YES NO	X.
Y	3. NAME OF DECEASED	Middle ELS WORTH	Lost 4. DATE Month Day Year	
Λ	(Type or print)		HILTNER DEATH (OCTOBER 3/ 196	
	5 SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24   lost birthdoy)   Months   Doys   Hours   M	HRS in.
	MALE WHITE WIDOWE		4.6.1889 72 yrs	
-1	10a. USUAL OCCUPATION (Give kind of work done 10bd during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY	TRY?
1		USE PLASTERIN	G BALTIMORE MARKANN GOH	
Ī	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	HENRY HILTINER		EMMA HISEY	
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. !	SOCIAL SECURITY NO. 17. IN	FORMANT Address	
	No 24	7-07-2971 Ho	spital Records, Mt. Wilson State Hospital	
	1B. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).}	ONSET AND DEAT	N
	PART I. DEATH WAS CAUSED BY: COT	Longry/ 0	Calusian Conset and Deat	12
	DUE TO		3 (4)	矜
	( ) ( ) ( )	Taxingollo	a-Tiploant disoner 11 10	/
	Conditions, if any, which (b)	MANOS COC	work war wisking it ye	40
	couse (o), stoting the under-			-
	lying couse lost. (c)			
	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
	For advanced	hulmo.	rang bubble cults sig YES I NO	_
	OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIÉE HOW INJURY OCCURRED	). (Enter noture of injury in Part I or Part II of item 18.)	
	20c TIME OF INJURY Month, Day, Year 20d IN			tote)
	Hour o.m. 10 While	1401 Willie	tory, street, office bldg., etc.)	
			Tooling Has Col Catalana 31 will a some	_
	saw the deceased alive an (2)		ANUARY 16 1958, to COOPER 31, 1961, that (1) (we) eath accurred at 45M, from the causes and an the date stated abo	
	220. SIGNATURE	Z 17.9-7 , and Indi a	earn accorded are anyw, from the causes and an the date stated abo	
-	11/1/1		ATTENDING MED STAFF SIG	NED
	- WYUWZIMU			34/
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	/ "
		perintendent	Mt. Wilson State Mospital, Mt. Wilson,	<u>i.d</u>
	236 BURTANAL (Specify) 236 DATE THEREOF 11-3-61	Western Cemerary of	c CREMATORY 23d. LOCATION (City, town, or county) (Stote)	
ŀ	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
	Wm. Cook-Towson, Inc., 1050	O York Road, T	OWSON NOV 3 '61 Calling S. Kranca	

TO HE STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 4 modern retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1110

CERTIFICATE OF DEATH 11109

1,	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edm ssion)
П	Baltimorge 28, MARYLAND	e. STATE Maryland b. COUNTY
	b. CITY OR TOWN (if outside composate I m to /	c. CITY OR TOWN (If outs de corporete fimils, write RURAL end give neerest town)
	write RURAL and give neerest lown Catoury Oct. 24. 1960	3857 Forest Park Ave.
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
T	Spring Grove State Hospital	Baltimore - 16, Md.   ON A FARM?
3.	NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	DECEASED (Type or print) Rose HTRS(	CHMAN   October 1 1961
5.		DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	F W WIDOWED S DIVORCED	1880 last b rhday) Months Deys Hours Min.
10	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CHIZEN OF WHAT COUNTRY?
d	ona during most of working life, even If retired)	
13	Housewife none	Russia U. S.
1,		•
15	UNKNOWN  . WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	unknown
ίΥ	as, no, or unkown)   (Ifyesgivawarordetesofsarvica)	Darothore -
-	no unknown M	rs. Marie STOLBERG - 3901 Forest Park Ave.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) Arteriosclerotic	Heart Disease, in failure
	DUE TO	
	Conditions, if eny, which (b) Generalized Arter	riosclerosis, severe
	gave rise to immediate ceuse  [a], steting the underlying DUE TO	
	ceusa last. (c)	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
»I5	Undernourishme	
CERTIFICATION	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH	(Enter nature of injury In Part I or Part It of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	for all	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stere)  ory, street, office b dg , etc.)
MED	Hour a.m.  P,m.  NONG 19  While No! While at work at work	none
	21. I certify that (I) (this hospital) ettended the deceased from	Oct.24 1960 to October 1, 1961., that (I) (we) last
		death occurred of \$200 from the causes and on the date stated above.
	228. SIGNATURE	22b. DATE
	1) The works	ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Spring Grove State Hospital
	Imre KOPITS M.D.	Baltimore - 28 (Gatonsville), Md.
23	BURIAL, CREMATION, 236. DATE THEREOF 230, MANE OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
1	Turial 10-4-61 Hebrew you	ing men Balto Ma
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	ack Lewis Are 2100 Entaw Place	DATE
/-		Cirthur S. France

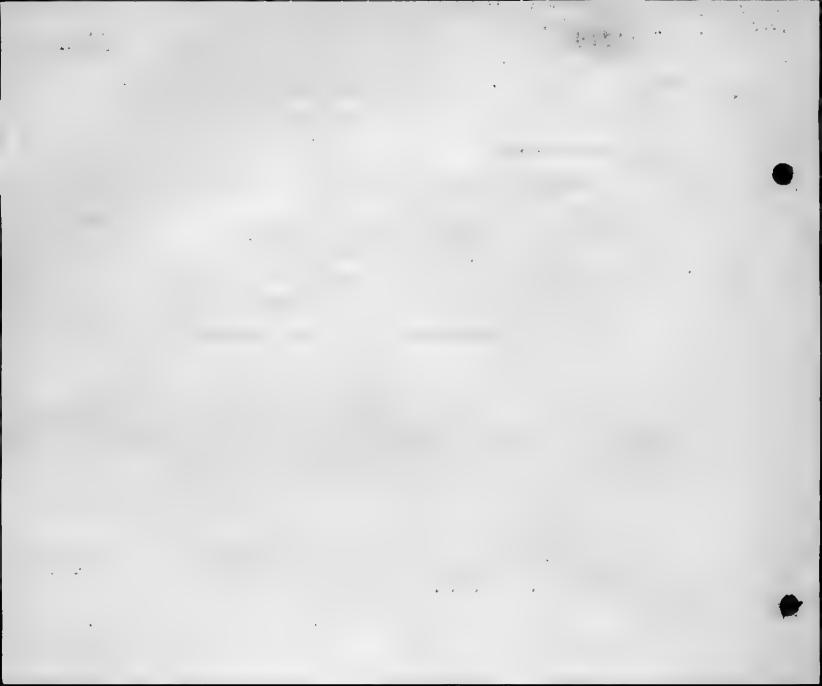
TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after at 2 Page 4 may be retained by the hospital or attending physician.

> TO FUNEMEL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbony pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbony pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbony pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY Page files. a. STATE **b. COUNTY** ny delay is necessary, Baltimore MARYLAND Marvland Baltimore b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give naerast town) for your Baltimore 63 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE Boar d. STREET ADDRESS MEDICAL EXAMINER: This certificate should be executed within 24 hours after deat by delay te the curtificate, writing the world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo side agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. ON A FARM? 290 Ridge Road YES NO P 290 Ridge Road, Balto. 6 4. DATE Middle Day Month Year DECEASED OF (Type or print) DEATH 1961 PREDERTCK HOFFMAN 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months 1-18-1891 Davs Hours Min. WIDOWED [ DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Carpenter North Dakota U S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hoffman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Hyesgivewaror deles of service) 290 Ridge Road Mrs Lottie Hofman 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiate causa **DUE TO** lease execute the cartificate, writing the world "pending should be forwarded to the Chief Medical Examiner'. FUNERAL DIRECTOR: Page 3 should be used as tife designated agent, prior to burial, cremation, or ri (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 BIT 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ' 20f, (City or town) Month, Day, Year (Slata) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion Natural causes IX Suicide I death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER I DATE SIGNED SIGNATURE 70-7*1*:-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Howard G. Shaub, M.D. NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stata) REMOVAL (Spacify) 940 능 Burial Gardens of Faith Cem. Baltimore Н 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. ATSME Circling S. Kraus SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY a. STATE by the and 2: death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate | mits, write RURAL and give nearest town) write RURAL and give nearest lown] .57 hours after Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RES DENCE ON A FARM? YES NO Berruwood completely papers. 3. NAME OF Year Middle DECEASED (Type or print) DEATH 19 Toones carbon SEX 16. COLOR OR RACE 8. DATE OF BIRTH '9. AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS. NEVER MARRIED pue last birthday) Months WIDOWED X event, physician remove 1 12. CITIZEN OF WHAT COUNTRY? 1Da. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired) Mari rousewi 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARAUD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas give war or dates of service) 810 Berrywoog 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has been gave rise to immediate cause DUE TO (a), stating the underlying the hospital or DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE certificate CERTIFICATION PERFORMED? A 0 prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After this 20c. TIME OF INJURY 2Dd, INJURY OCCURRED ' 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) be retained by Month, Day, Year factory, street, office bldg., etc.) Not While WED Hour a.m. at work | et work 21. I certify that (I) (this hospital) attended the deceased from...... Sent 29 and that death occured at 3.7.M, from the causes and on the date stated above, saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SJGNED DIRECTOR PHYS. PHYS. M.D. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6608 Loch Raven Blwd. Balto, 12, director, be filed \ 23d. LOCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 ours.al 24 FUNERAL DIRECTOR'S SIGNATURE 2Sa. REC'D GY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) a thur S. Kroses 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11119

### CERTIFICATE OF DEATH

11103

	77770	C-IXIII C		Reg. D	Dist. No.
	1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dec o. STATE Marylar		Baltimore
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Baltimone 4	corporate limits, write RURAL and	give nearest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION). 8434 Greenway Road	oddress)	d. STREET ADDRESS 8434 Greenwa	ıy Road	e. IS RESIDENCE ON A FARM? YES NO X
		. Hortan	Lost 4. DA		, 7967 19
	5. SEX 6. COLOR OR RACE 7. MARI male white widow	ED DIVORCED	June 74, 1891	last birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ret. (onlect Bus	Conf Bus	Baltimore,		ITIZEN OF WHAT COUNTRY
)	13. FATHER'S NAME John W. Honten		14 MOTHER'S MAIDEN NAME Julia Ellir	ighaus	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.  (Yes, no, or unknown)  (If yes, purp wor or dates of service)  (Les)		Mrs Mary E. Hora	ten 8434 Greei	nway Rd.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y- IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate	ne for (0), (b), and (c).]	tot: Reach	. this above	INTERVAL BETWEEN ONSET AND DEATH
	Couse (a), stoling the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  CIFETITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMINAL DI		IRT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		Not while for	ACE OF INJURY (Home, form, 20f. clory, street, office bldg., atc.)	(City or town)	(County) (State)
, jr	21. I certify that I attended the decearative on	and that death	occurred at JAM,	from the causes and on ss (Street, city or tawn) stote)	
	PHYSICIAN'S PACE OF THE PHYSICIAN'S PAGE (Type) + 126 26 15 16 16 16 16 16 16 16 16 16 16 16 16 16	1 6 6 11/L.?	1341	1826 12 1.6	di
	220. BURIAL, CREMATION, REMOVAL (Specify)  BURICAL  Oct 9, 1961	Balto. Nat.	Cemetery Ba	OCATION (City, lown, or county) Limone, Many	land
	23. FUNERAL DIRECTOR'S SIGNATURE  John A. Moran 3000 E.	Baltimone St.	DATELICE 1 0	1	1.0

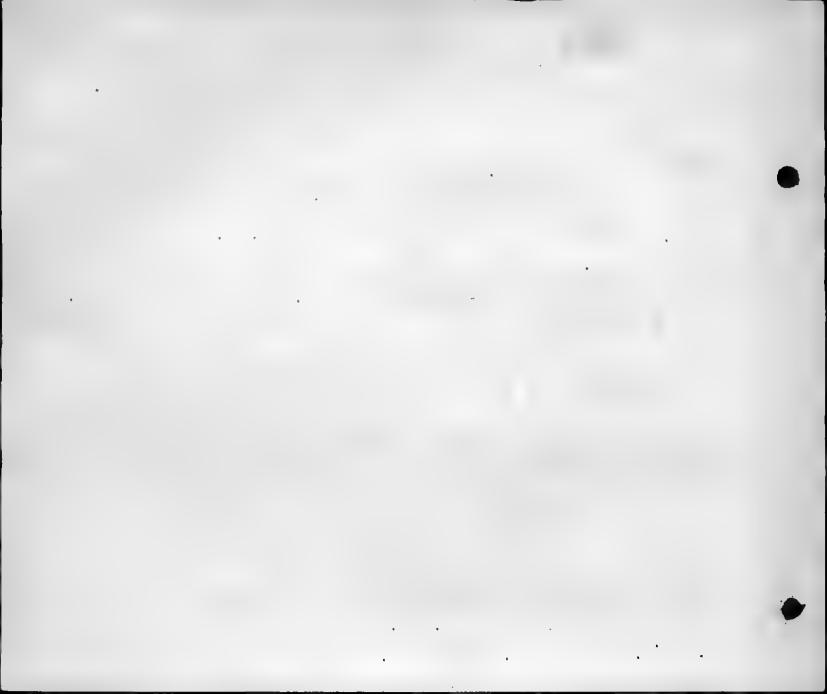
retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely mich in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

PITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within

24 hours after death; Page 4

10 H VS A15 (4) 15M 9/55



#### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Baltimor b. CITY OR TOWN (if putside corporate limits. c LENGTH OF STAY N 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Catonsville. Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING. G ROVE STATE Bloomsbury Avenue YES NO 3. NAME OF DATE Middle Year DECEASED Oct. 2h61 (Type or print) DEATH Sarah E. (Bessie) Hullett 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months Days Hours 1879 female WIDOWED TO DIVORCED [ Mav 26. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewi fe Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unik nown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO Address (Yes, no, or unkown) ((Ifyes give wer or dates of service) Records: unknown SPRT G STATE HOSPITAL 18. CAUSE OF DEATH [Enter on y one cause per line for ,a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) arter Fosclesses DUE TO Conditions, if any, gave rise to immediate cause DUE TO (a), steling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJRY Month, Dev. Year factory, street, office bldg., etc.) Not While Whie Hour e.m. at work at work D.m. 19,59 to Oct 24, 1961, that 20 (we) last 24. 1961 saw the deceased alive on... Oct. 22b. DATE 22e, SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d ADDRESS SPRING GROVE STATE NAME (Type) Stella Wachsler. M. D. Catonsville 28, Maryland , 23c. NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, 23b, DATE THEREOF 1 23d. LOCATION (City, lown or county) (Stete)

Western Bemeterv

Baltimore

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

arthur L. Krous

£ \$ 0 VR A15 (4) 15M 9/60 (

24 FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook, Inc., 1217 St. Paul Street

rector,

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physician

attending pe D and

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has been

certificate

may be retained DIRECTOR:

FUNERAL

prior

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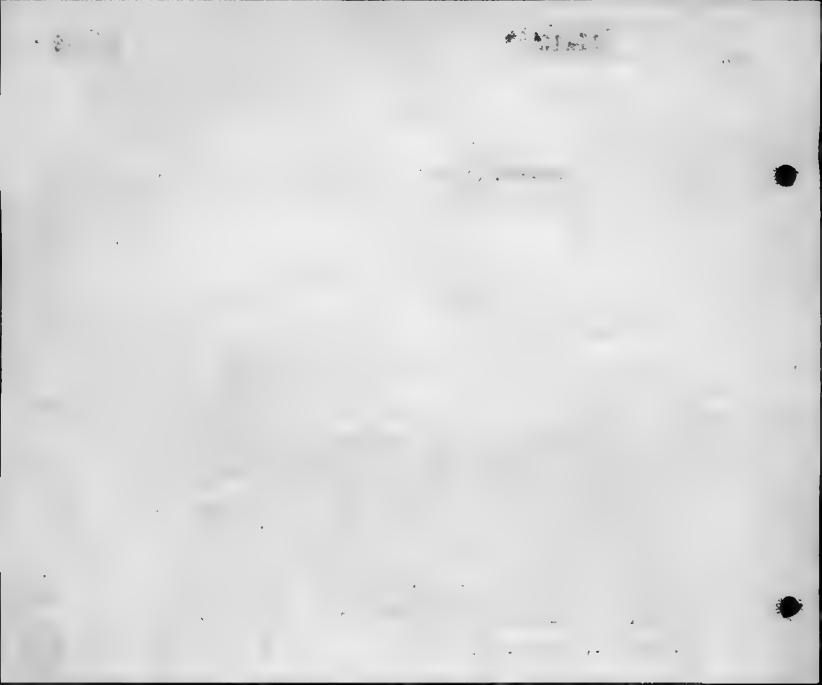
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hospital as

bur al-tr≣nsit

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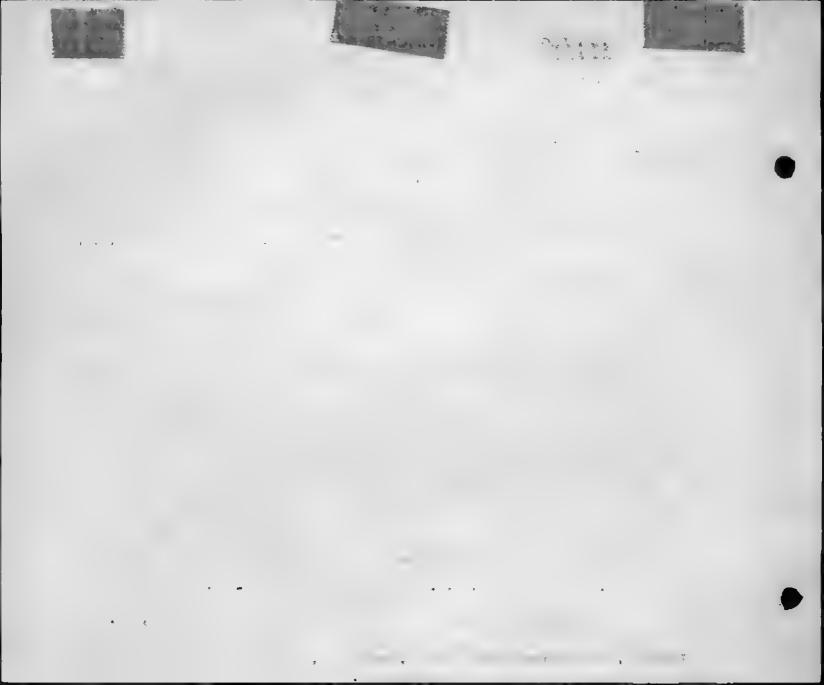
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hours ofter death. Page

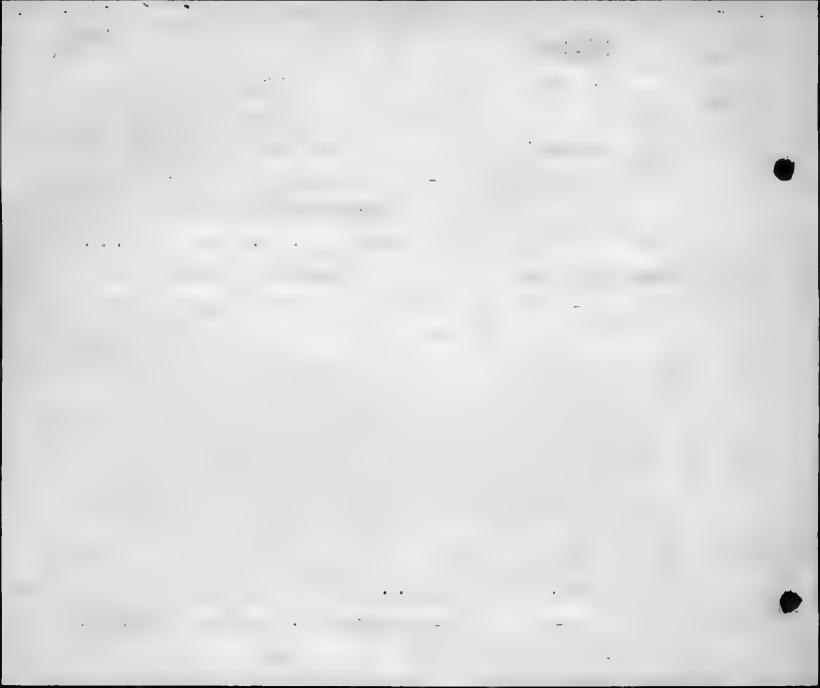


MARYLAND STATE DEPARTMENT OF HEALTH DIWISION OF STATISTICAL RESEARCH AND RECORDS, 201 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY L. COUNTY Baltimore 12 E MARYLAND death. b. CITY OR TOWN (of outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ģ write RURAL and give nearest town) Baltimore days filled in Pages 1 Fort Howard filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? ..cCulloh Street YES NO Veterans Administration Hospital papers. NAME OF 4. DATE Yaar DECEASED (Type or print) DEATH JACKSON October 19 61 FRANK carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR! IF UNDER 24 HRS. 5. SEX last birthday) Months Hours liale WIDOWED DIVORCED TX February Negro 10a. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? гетоме 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) U.S.A. Baltimore, Maryland Dress Factory Shipping Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 attending and William Jackson Bertha Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records VAH. Then (Yas, no, or unkown) | (Ifyes giva war or datas of servica) Ft. Howard Division Maryland the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), [ INTERVAL BETWEEN certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MONTHS CEREBRAL THROMBOSIS IMMEDIATE CAUSE (a) burial-transit DUF TO attending ARTERIOSCLEROSIS GENERALIZED UNKNOWN Conditions, if any, which (b) cave risa to immediata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 35 NO X 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) . E detached After 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While Hour a.m. at work at work may be retaine, DIRECTOR: / 3 should be det 21. I certify that (% (this hospital) attended the deceased from ... October .. 21, 19 .. 61 to October .. 28, 1961., that (0 (we) last saw the deceased alive on October 28. .19..61.. and that death occured at 1.00P from the causes and on the date stated above. State 22b. DATE 22a, SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH. HOWARD DIVISION LAWPENCE RUBIN, M.D. ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) 23a, BURIAL, CREMATION, 23b, DATE THEREOF \$ d 0 BALTIMORE NATIONAL 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24-JUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 9/60 Yorle -Baltimor.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) files. Health, a. COUNTY funeral director. Page a. STATE **b.** COUNTY is necessary Marvland Baltimore MARYLAND b, CITY OR TOWN ( f outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporate limits, write RURAL end give neerest lown) for your write RURAL end give neerest town) ŏ Baltimore 1 Hour Fort Howard 0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained he State B 2924 Riggs Veterans Administration Hospital ES NO T Avenue 3. NAME OF 4. DATE Middle Month death nd 3 to the f DECEASED OF (Type or print) DEATH 19 Fred Jackson October with 5 SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with ould be executed within 24 hours after der 'in pencil in Item 18. Give Peges 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 wi noval, and in any exert, within 72 hours. last outhday) Months WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Laborer - Retired Chemical Company York Co., So. Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WELKESON Major Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Walter Jannie Williams This certificate smould be executed within 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) ; (If yesgive war or dates of service) Clin Rec VAH Baltimore Md - Ft Howard Division 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c),1 INTERVAL BETWEEN ONSET ANE DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal. Conditions, If eny, which (b) geve rise to immediate cause "pending" ю DUE TO (a), stating the underlying OXECUTE THE DISCRETE STATES THE WORD "PENDING SECURE THE CONTINUES TO CHIEF MEDICAL Examiner" cause lest. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 YES NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of 'tem 18.) PRIMARY [ ] or CONTRIBUTING [ forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent, prior to burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, | 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection | Inquiry | and in my opinion Natural causes death resulted from Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S pluods Jack C. Collins M.D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 8988 22d, LOCATION (City, fown, or country) (State) REMOVAL (Spacify) Baltimore National Cem. 0 <u>0</u> 4 0 Burial Baltimore 28. Maryland 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 512 Carrollton Avenue VS. A15ME C. Jung S. Museus 5M 7/59 Baltimore Maryland Cooper

MARYLAND STATE DEPARTMENT OF H

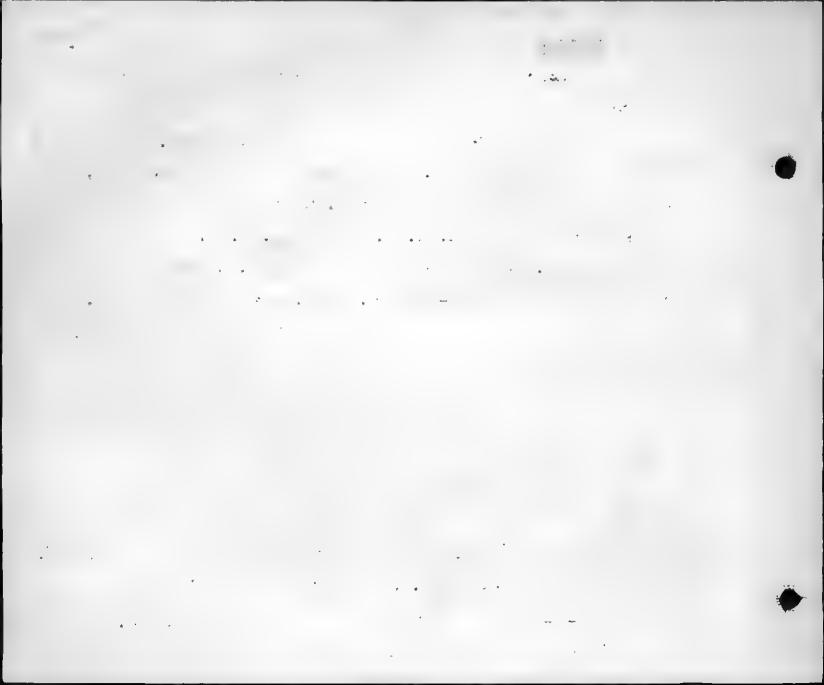


STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. COUNTY **b.** COUNTY by the and 2: MARYLAND b. CITY OR TOWN (if outs'da corporata limits e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELENGTH OF STAY IN 16 write RURAL and give nearast town) ATO · 20/2 57 Pages filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address) ON A FARM? HOCKER YES NO' 3. NAME OF Middle DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) physician I 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or fore gr country) done during most of working life, even if ratired) VICE-PRES. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending t 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give we ror detas of sarvica) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to Immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO I use 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 20e. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stata) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaer \_Not Whila factory, street, office bldg., etc.) While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 4 ........ 19 (2), that (I) (we) last 19. C. and that death occured 4.3. M, from the causes and on the date stated above. ATTENDING 22b. DATE 22 INGNATURE SIGNED DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, (State) REMOVAL (Spacify) ह्यून व 24 JUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



within 72 hours

by the funeral and 2 should

completely filled in by on papers. Pages 1 and

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physician a геточе any

may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending 3 should be detached for use as the burial-transit permit. Then please

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within 24 hours after

requires that the death certificate be ex

## MARYLAND STATE DEPARTMENT OF HEALTH

RALTIMORE 1. MARKETERIO

		11119 CERTIFICATE	OF DEATH	11110
		PLACE OF DEATH COUNTY  Baltimase Maryland	2. USUAL RESIDENCE (Where decessed lived, if institutions o. STATE  b. COUNTY   Rasidanca balora edmission)	
		o. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lowed at the corporate limits, write RURAL and give necrest lowed at the corporate limits, write RURAL and give necrest lowed at the corporate limits, write RURAL and give necrest lowed at the corporate limits, write RURAL and give necrest lowed at the corporate limits, write RURAL and give necrest limits.	C. CITY OR TOWN (If outside corporete limits, write RURAL &	nd give neerest town)
.3	f	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  A had note low, fine	2001 W. Rolling.	ON A FARM?  YES NO
,		NAME OF PIEST Middle  (Type or print)	Last 4. DATE Month	2 2 196/
	(	SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER last birthday)  Months  Worlds	Days Hours Min.
	do	USJAL OCCUPATION (Give kind of work and during most of working life, avan if ratirad)  The working life, avan if ratirad)	md.	ITIZEN OF WHAT COUNTRY
		FATHER'S NAME  WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 17.	14. MOTHER'S MAIDEN NAME  MADE MAN TO THE MADE MADE MADE MADE MADE MADE MADE MAD	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	Agar a Kalt	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a) Arteriosclerotic CE	ardio-yascular Disease	5 yrs
		Conditions, if any, which (b) (b)		
	N.	(e), stating the undarlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY

Hour e.m.

2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yaar

2Dd, INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, Not While While at work et work

20f. (City or fown) factory, streat, office bldg., atc.)

(County)

19.51 to Oct. 19.61 that (1) 100) last

(Steta)

YES NO

21. I certify that (I) (ALCONOMA) attended the deceased from Sept. saw the deceased alive 22a. SIGNATURE

Oct . 26 .19 61, and that death occurred at 14.M, from the causes and on the date stated above.

ATTENDING **S** PHY5. 22d. ADDRESS

STAFF PHYS. 1 Mallow Hill 22b. DATE SIGNED

22c. PHYSICIAN NAME

23a. BURIAL, CREMATION,

REMOVAL Specify

Gaver, M.D.

23c. NAME OF CEMETERY OR CREMATORY

Baltimore -29, Md.

23d. LOCATION (City, fown or county)

(Steta)

VR A15 (4)

3 should

director, page 3 should be filed with the State

TO FUNERAL 15M 9/60

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

61

258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

arthur S. Kross

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Dulaney Valley Mem Gardens

4905

Balto. Co.,

Ch. sun S. Through

250. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE

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REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

& Sons



CEPTIFICATE OF DEATH

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1.	PLACE OF DEATH o. COUNTY Baltimo	re		MARY	LAND	2. USUAL RESIDE 6. STATE Maryla		ere decease	d lived. If institution b. COUNTY			re admiss	ion)
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	d. NAME OF HOSPITA OR INSTITUTION 3468 Dun		ive street	oddress)		d. STREET AD	DRESS	ın Rd.	,				FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mon	th	Do	y .	Year
	(Type or print)	Jean	Y.	Kapesos				DEATH	Octo	ober	3		1961
	SEX	6 COLOR OR RACE		IED NEVER MARRI	_	DATE OF BIRTH			9. AGE (In years lost birthday)	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
_	'emale	White	WIDOWE			March 14			40 yrs	112.50	TITENIOS	MOLATIC	OUNTRY?
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13	FATHER'S NAME	<u> </u>		**		Mary La		IAME			J.S.A		
	Jesse Fl	nin											
15.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT	na bu	ittern	18171 Addi	ress			-
		f yes, give war ar dates of s				n P. Kana	egng.	3468	Dunran I	33	Rs1+	n 22	Md
_		TH [Enter only one co	use per ili	ne for (o), (b), and (c)		2			27,41,41,41,41,41,41,41,41,41,41,41,41,41,		INTE	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Ch Ch	nonic My	ما والع	nous Le	uken	AAC-			ONS	SET AND	
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	Conditions, if on		)										
	gove rise to im couse (o), stoting the	N DHE TO											
	lying couse last.	) (c	)										
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH_BUT	NOT RELATED TO T	'HE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	,RT 1(o) 1	PERFO YES Z	DRMED?
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	206. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of	injury in F	Port I or Po	rt II of item 18.)			1	
MEDICAL	20c. TIME OF INJURY Hour o. m	Month, Doy, Ye	While	NJURY OCCURRED Not white		CE OF INJURY (Ho tory, street, office b			y or town)		(County)		(Stote)
	21 I certify that	(I) (this hospital	) attend	led the deceased	from _	1an 21	196	/_ , to_	let 1	, 19_	6/ th	at (1) (	we) last
	saw the decease		21/0		/	eath accurred	ot	M, from	the causes on				
	220. SIGNATURE	$\sim$		~		ATTENDING	445			Da	100.		b.DATE SIGNED
	lenze	un he d	the	Freute	٨	A.D PHYS		RECTOR [	STAFF PHYS	NW	1 sec	4,	1401
_	22c PHYSICIAN'S NAME (Type)	ANTONIA	A.	deta F	LIE	22d. ADDRES	ryla	nd	Donchal	<u></u>	Has,	sita	1
230	BURIAL, CREMATION REMOVAL (Specify) DUT 18.	1	)F	23c. NAME OF CEM			1		TION (City, town,			(Stot	e)
24	FUNERAL DIRECTOR'S	10-6-61		Baltimore	Nat	The state of the s	S- DECIS		onsville,			96	
44.	PATERNE DIRECTOR 3	JIONATURE		WDDVE33			WILL KEEL	J DI KEUJA	TRAK   ZOD, KEGE	SILVAR 3 3	"CHALLO	NE.	

Ullrich Funeral Home, Dundalk, Maryland

haurs after death Page 4 in by the funeral director, and 2 shauld be filed with and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fixed remave carban papers. Pages 1 page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with retained by the haspital ar attending physician.

VR A15 (4) 1SM 9/59

Charac Myste Jones , benterme.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1112

CERTIFICATE OF DEATH

1113

1. PLACE OF DEATH	2. USUAL RESIDE	NCE (Where deceased lived, If instituti	on: Residence before admission)
a. COUNTY Baltimore	a. STATE	yland b. COUNTY	
		N (If autside corparete lim 's, write RL	nd give ne trest lown]
write RURAL and give neerest town)	C. C. I GK TOWN	t in deside corporate in 5, write to	l give the real town,
Fort Howard   122	Days Baltimor	e 3 0	1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give		SS	e. IS RESIDENCE
Trademona del minimi de la Transita	דל היים דל היים	anth Dood	ON A FARM? YES NO X
Veterans Administration Hospita	1 5601 Plym	OUTA ROAD	Day Year
DECEASED	middle rosi	OF	007
(Type or print) Milton	KASIURA	DEATH October	1 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8. DATE OF BIRTH	9. AGE IIn yeers   IF UNI	
Male White WIDOWED	DIVORCED January 1 1	91h h7 yrs. Month	is Days Hours Min.
15120	SINESS OR INDUSTRY II BIRTHPLACE (Co		CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			
	Goods Store Baltimor		U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDE	EN NAME	
Lawrence Kasiura	Mary Borg	ulci ewi ez	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SI	CURITY NO. 17. INFORMANT	Address	
Yes, no, or unknown) (If yes give were redetes of service)	Clin Rec VAH	Baltimore Md Ft H	leward Division
		202000000000000000000000000000000000000	
18. CAUSE OF DEATH [Enter only one cause per line for (e),	(b), and (c).		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GLOMERUL	ONEPHRITIS , CHRONIC		UNKNOWN
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(a), stelling the underlying DUE TO			
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Diabetes Mellitus; Hypertens	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION & VEN IN	PART I(a) 19. WAS AUTOPSY
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OR CONTRIBUTING CAUSE OF DEATH	, ,		
	CCURRED 20a. PLACE OF INJURY (Home, for		(County) (State)
Hour a.m. While Not V	The state of the s	!	
	deceased from June 1	1961 to Oct 1	1961, that X) (we) last
21. I certify that (4) (this hospital) attended the	61	00	- ' ' ' '
	61, and that death occured at	P.e.M. from the causes and a	on the date stated above
22a. SIGNATURE	ATTENDING_	MED STAFF	SIGNED
1 / Myde	1,14D, MD PHYS.	DIRECTOR PHYS. K	10-1-61
22c, PHYSICIAN'S NAME (Type)	22d ADDRESS		
C. M. Snyder	M.D. VAH Balte	o Md - Ft Howard Di	ivision
238. BURIAL, CREMATION., 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City, fown or o	
DEMOVAL (Specify)		De7 dames as	7 A
Burial Wet 5-1961 Holy	Hosary		aryland
	O Eastern Ave	REC'D BY REGISTRAR   25b. REGISTRA	
	timore 21 Md DATE	QCT 4 '61   Cirilu	1 S. Threed

TO HY PITAL OR ATTENDING PHYSICIAN: The law requires that the deam comment of the retained by the hospital or attending plymician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detected for use as the burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death. VR A15 (4) 15M 9/60

W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RES CERTIFICATE OF DEATH Item 9 Film G297 -10/11/61 funeral should 2. USUAL RESIDENCE (Where decaased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY. **b.** COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 ۾ write RURAL and give nearest, town) 57 72 hours after Pages e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO X completely papers. 4. DATE Year NAME OF Month Middle DECEASED OF DEATH (Type or print) 19 carbon 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and DIVORCED WIDOWED I County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician гетоме dona during most of working life, even if retired) House 0 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Φ death 2 please altending Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO (Yes, no, or unkown) | (If yes give war or datas of service) removal the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: weeks IMMEDIATE CAUSE (a) DJE TO Conditions, if any, which gave rise to 'mmediate cause DUE TO (a), stating the underlying 윤 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO D prior nse 20a. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I, of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) detached for of Health 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ģ 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While may be retained DIRECTOR: Aft Hour a.m. at work at work Dept. 21. I certify that (i) (this hospital) attended the deceased from... to. should 22b. DATE 22a. SIGNATURE MED. STAFF **SIGNED** ATTENDING DIRECTOR PHYS. PHYS ALD. FUNERAL 22d. ADDRESS 22c PHYSICIAN'S NAME (Type TO FUNE director, R Brown. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. 23a. BURIAL, CREMATION, 23b. 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thous 1335 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY a. STATE Maryland b. COUNTY Harford Baltimore by the land 2 death. MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN lif outside corporete limits. c. LENGTH OF STAY IN 16 ģ write RURAL and give nearest town)
Catons VIIIe Bel Air, Maryland 3yr7mth9dys .57 72 hours after Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Holand Avenue HOSPI TAL SPRING STATE YES NO completely papers. NAME OF 4. DATE Month Middle DECEASED OF Kelly Julia Marie (Type or print) DEATH 1961 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. and lest birthdey) Months Hours female white WIDOWED [ DIVORCED [ July 25 1906 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Rublic Schools U. S. A. teachar Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Julia LArner Bud John Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Sister)
(Yes, no. of unknown) (lifyes give war or defeas of service) 220-24-2883 Mrs. Helen Kelly Then 625 Reland Ave. Bel Ar, Md. removal the Records: STATE HOSPITAL unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), þ ONSET AND DEATH PNEUMONIA PART I, DEATH WAS CAUSED BY: g physic signed l IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO prior 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item IB.) detached for After 20c. TIME OF INJURY 20d, INJURY OCCURRED., 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work may be retaine DIRECTOR: A should be def D.m. 21. I certify that ( (this hospital), attended the deceased from March Li 1958 to // 14. 19.61, and that death occured at 3.15.M, from the causes and on the date stated above. saw the deceased alive on.... 22b, DATE 22e. SIGNATURE ATTENDING **SIGNED** DIRECTOR PHYS. PHY5. M.D. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS GRO VE STATE HOSHITAL NAME (Typa) director, l Catonsville 28, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stota) REMOVAL (Specify) BEL Air MEmorial GANGERS BEI Air, HAT ford Co., Maryland 0 13 44TA FUNERAL DIRECTOR'S SIGNATURE w. Broadway ADDRESS Ilt ams St. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 {4} IIIM 9/60 DATHCT 1 6 '61 10 gralava Kirmer & 1 years Joseph W. Foster

2. 3 tarka n  $\mathcal{L}_{h}$ 

after death. Page

that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.

11198 CERTIFICATE OF DEATH

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission							
a. COUNTY Baltimore MARYLANI	a. STATE Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (if outside corporete   m ts, c. LENGTH OF STAY IN								
write RURAL end give neerest town)	Baltimore							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, 9 vs street address)	d STREET ADDRESS   a. IS RESIDENCE							
	ON A FARM							
SPRING GROVE STATE HOSPITAL	338 Greenlow Road YES NOW							
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) Susan B.	Kennedy Death October 2 19 61							
. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
female   white   widowed   DIVORCED	March 2, 1885   lest hirthday  Months Deys Hours Min.							
10112120	ISTRY 11, BIRTHP. ACE (County & State, or fore gn country)   12. CITIZEN OF WHAT COUNTRY							
lone during most of working life, even if retired)								
housewife								
FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
XXXXXX Milton Orndorff	KANKAK Kissiah Linderman							
6. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. (es, no, or unknown)   (Hyesgivawerordatesofservice)	7, INFORMANT Address							
	ecords: SPRLIG GROVE STATE HOSPITAL							
18. CAUSE OF DEATH [Enter on y one cause per I ne for (e), (b), and (c).]	INTERVAL SETWEEN							
ONI								
PART I. DEATH WAS CAUSED BY: Pleural Effusion								
LT dO O DUE TO								
Conditions, if ty, which Congestive heart failure								
geva risa to immadiata causa (a), stating the underlying  DUE TO								
cause lest. (c) Arteriosclerotic	heart disease							
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 801  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	YES X NO F							
200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	JRED. (Enter netura of injury in Pert I or Pert II of Item 18.)							
OR CONTRIBUTING [] CAUSE OF DEATH	,							
	(6)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour s.m. While Not While of work at work	PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) lectory, street, office bldg., etc.]							
p.m. 19 et work at work								
21. I certify that (4) (this hospital) attended the deceased from	om. Aug. 15 1961, to Oct. 2 , 1961, that (I) (we) la							
	that death occurred at							
22a. SIGNATURE	22b. DATE							
7/12 134/2*	ATTENDING MED. STAFF PHYS. 10-2-61 SIGNE							
22s. PHYSICIAN'S	224 ADDRESS							
NAME (Typa) Stella Wachsler, M. D.	SPRING GROVE STATE HOSPITAL							
	Catonsville 28, Maryland							
38. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)								
Burial 10/5/61 Loudon Pa	rk Cemebery   Baltimore, Maryland							
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Howard H. Hubbard 4107 Wilkens	Avenue DATE OCT 5 '61 Civiling & Thomas							

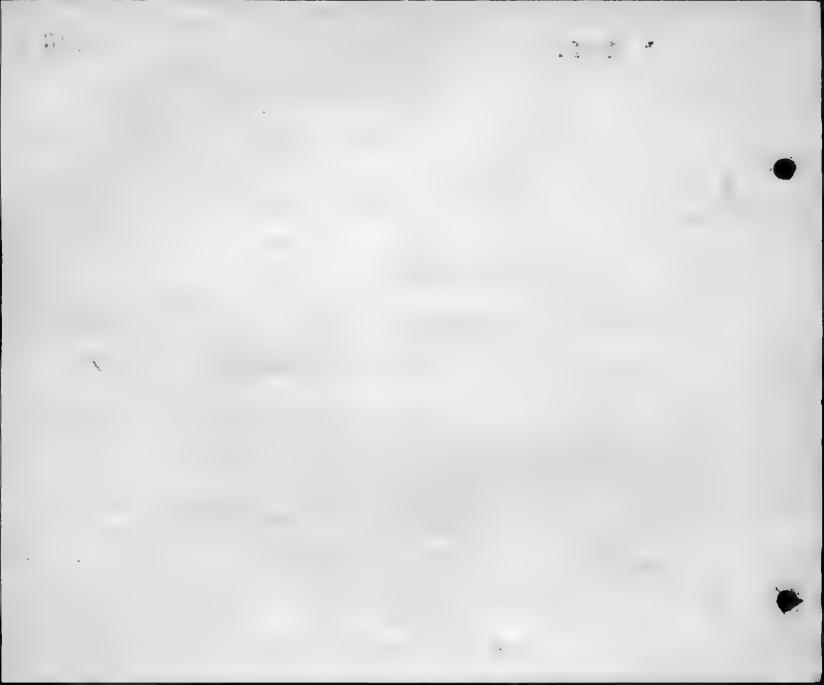
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be followed by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) PLACE OF DEATH e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if putside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) and c. LENGTH OF STAY IN 1b write RURAL and give neerest town) ڄ . E 7 filled i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO etely 3. NAME OF DECEASED DEATH OCT. 16, 1 (Type or print) 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if satired) PRINTER-RET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address ARMED FORCES? (Yes, no, or (inkown) ; (If yes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO -200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1953 to Oct 10 1961, that (1) (we) last ...19 (2), and that death occurred at ... 30M, from the causes and on the date stated above. saw the deceased alive on CA 22b. DATE 22a SIGNATUR ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. PUNERAL 22d. ADDRESS MAME (Type) director, I be filed v CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b REMOVAL (Spectfy) OH FUNERAL DIRECTOR'S SIGNATUR 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE OCT



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN outs'de corporete limits, write RURAL and give neerest town) b. CITY OR TOWN ( f outside corporete l'mits. E. LENGTH OF STAY IN 16 write RURAL end-give neerest lown! .E owson lowson Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address, d. STREET ADDRESS a. IS RES DENCE ON A FARM? doetield Road YES NO NO papers. 3. NAME OF Middla DECEASED comple DEATH (Typa or print) LOG CA 5. SEX 19. AGE (in years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthdey] Ça C WIDOWED DIVORCED physician IDe. USUAL OCCUPATION Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? & State or fore'gn rountry) timore, Maruland Pouline Schaeter WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no. or unkown) (lifves give wer or detay of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), 51, end (c).] same INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE & ORONARY PART I. DEATH WAS CAUSED BY. IMMENATE DUE TO ( CORONARY ARTERY DISTAGE gave rise to Immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY certificate CORUMARY ARTERY OCCLUSION YMYSCARDIAL INFIRETION NO Z 20b. DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Part I or Part I of Item 18.) 20e. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from 6/30 1961, that (I) (++++) last 196/, and that death occurred and M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE STAFF DIRECTOR PHYS. PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Typa) 206 W. Pennsylvania Avenue, Towson 4, Md. T. 6. Siwinski, M.D. director, p 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Mary Land by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and a va gigarest town) e. LENGTH OF STAY IN 16 write RURAL and give neerest town) filled in the Pages 1 aurs after Fort Howard 5h Davs Baltimore id. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Veterans Administration Hospital 3615 Keystone Avenue 3. NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH WALTER KTOPP 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX last birthday) and Feb. 29, Male WIDOWED | physician 10a. USUAL OCCUPATION (G.va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or fora gn country) dona during most of working life, even if retired) Berks County, Pennsylvania Laborer Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Henry Klopp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 18. SOCIAL SECURITY NO Sarah Burger 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivawarordatasofsarvica) removal Clin Rec 21.3-10-1797 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:

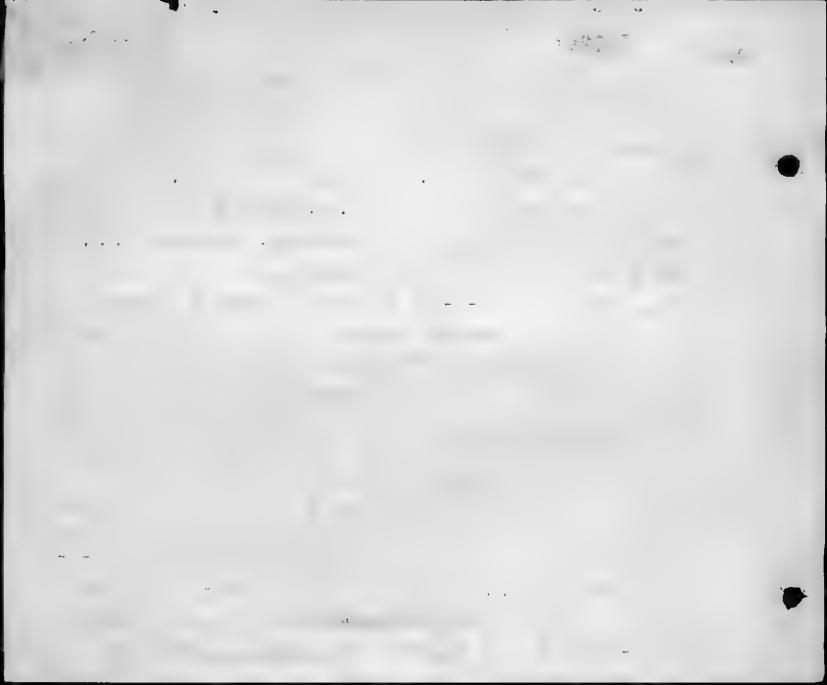
a. IS RESIDENCE ON A FARM? YES NO Y 19 61 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. . 12. CITIZEN OF WHAT COUNTRY? U.S.A. VAH Baltimore Md Ft Howard Division MYOCARDIAL FIBROSIS IMMEDIATE CAUSE (a) DUE TO CORONARY ARTERIOSCLEROSIS UNKNOWN Conditions, if any, which gava risa to immadiata causa (a), stating the undarlying LEFT IOWER IOBE PNEUMONIA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Chronic Nephrosclerosis

208. ACC DENT WAS UNDERLYING \_\_\_ 206. DESCRIBE
OR CONTRIBUTING \_\_ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) YES X NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of stam 18.) 20d. INJURY OCCURRED ( 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c, TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work saw the deceased alive on Oct 22b, DATE 22a. SIGNATURE ATTENDING MED SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) VAH Baltimore Md - Ft Howard Division ... SEBASTIAN RUSSO, M.D.

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL [Spacify] Oct. 19, 1961 Baltimore National Cemetery Baltimore Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE PASCT 1 7 '61 arthur S. Krus Wm. Cook-Blight Inc

certificate has been as o use DIRECTOR: After this 3 should be detached for eje, director, page director, page 15M 9/60

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please execremation, Reg. Dist. No. (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY g. STATE b. COUNTY buriof, b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURA), and give negrest town) p director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, ove street address)
Spring Gr ove State Hospital e. IS RESIDENCE d STREET ADDRESS ON A FARM? Baltimore N Duncan St. YES NO T NAME OF DATE **First** Middle 10- Nonth Year DECEASED OF DEATH Korecky (Type or print) Anna 19 6. COLOR CA PACE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED S. DATE OF BIRTH female lest birthdoy) july 27, Months Days Hours WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Braka Bohemia during most of working life, even if retired) Bohemia Skrabek's tailor pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges unknown Pages 1 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Spring Grove State H ospital unknown Records: unknown Give unkown INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Dehydration and inanition PART I. DEATH WAS CAUSED BY: form AMMEDIATE CAUSE (o) Due to DUE TO Gener alized arterthosclerosis. Conditions, if ony, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. ᇹ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Ö PERFORMED? used NO [ 20g EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING G 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. the certificate, writing the ward orwarded to the Chief Medical Exami FUNERAL DIRECTOR: Page 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) Hour o.m. White Not while at wark at work D. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ... and find that death resulted from: Natural causes K. Accident . Suicide . Homicide . Undetermined cause . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 1010 Leeds Ave 1.0-15-6 DEPUTY MEDICAL EXAMINER M Kieffer M.D. NAME (Type) Geo. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Holy Redeemer Cem. Raltimore Md

**ADDRESS** 

24b. REGISTRAR'S SIGNATURE

Litturg S. Flrance

24a, REC'D BY REGISTRAR

1 7 '61

DATE OCT

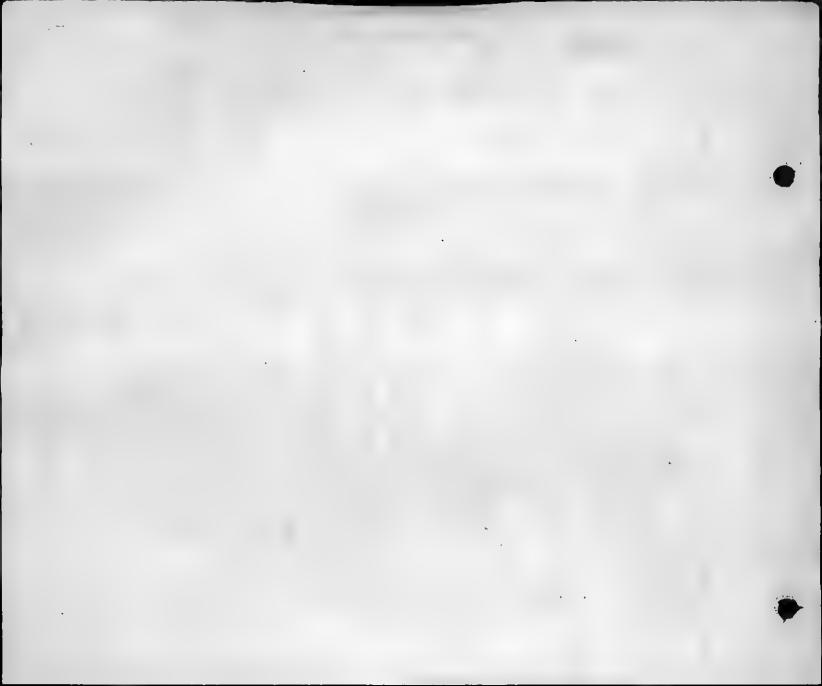
VS. A15ME(5) 5M 9/55

23, FUNERAL DIRECTOR'S SIGNATURE

Brehms

E. Schimunek

necessary,



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECO CERTIFICATE OF DEATH 1. PLACE OF DEA 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Baltimore Maryland MARYLAND b. CITY OR TOWN (if outs'de corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write, RURAL and give necrest town) pue β write RURAL and give neerest town) Fort Howard 11 Days Baltimore .5 = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1826 Gough Street Veterans Administration Hospital completely 3. NAME OF DATE Month DECEASED OF (Type or print) GEORGE KRUG DEATH October 6. COLOR OR RACE 17. MARRIED NEVER MARRIED X 8. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR last birthday) Months Male White 1894 WIDOWED DIVORCED March 10e. USUAL OCCUPATION (Give kind of work physician 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? гетоуе 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Mechanic Garage Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ ding George Krug PLE Jennie Darmstead affen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. Then Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) I (If yes give we ror dates of service) Yes ran. FORT HOWARD DIVISION permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] þ PART I, DEATH WAS CAUSED BY: physici THROMBOSIS OF BASILAR ARTERY signed IMMEDIATE CAUSE (a) DUE TO aftending CEREBRAL ARTERIOSCLEROSIS (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY 0 ± hospital 8 0 CERTIFIC 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 5 OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER ined by 20a, PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 4 may be retaine
L DIRECTOR:
9 3 should be de
the State Dept. o 21. I certify that (1) (this hospital) attended the deceased from September 22,1861, to October 3., 1961, that (2) (we) last 1961 ..., and that death occured at.... saw the deceased alive on Oct. .M. from the causes and on the date stated above. 22e. SIGNATUR ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. PITAL Pain Page 4 director, page be filed with th 22d. ADDRESS 22c. PHYSICIAN NAME (TYPE EBASTIAN RUSSO, M.D. VAH BALTIMORE 18 MD. FT HOWARD DIVISION -23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specific

Baltimore National

ADDRESS

Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14, WATE

Cemetery

IS RESIDENCE

ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

U. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

10 hours

Unknown

PERFORMED?

(County)

Baltimore 28, Maryland

Chrimer X. Tunes

NECO BY REGISTRAR KISH PEGISTRANA SIGNATURE

NO F

(Stete)

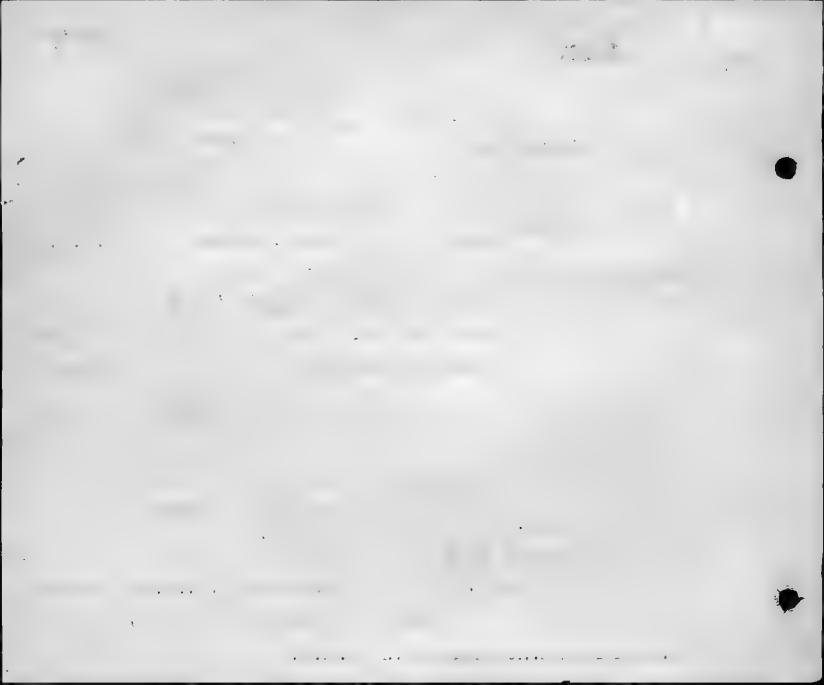
22b. DATE

(Stete)

Day

O.F VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDO CERTIFICATE OF DEATH 11132 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND by the E LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate fimits, write RURAL and give nearest town) Bal timore Catonsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS 2238 East Baltimore HOSPITAL. completely 3. NAME OF DATE Middla DECEASED OF (Type or print) Bessie Lahey DEATH October ithin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (fn years | IF UNDER 1 YEAR IF UNDER 24 HRS. fast birthday) Months white female WIDOWED [ DIVORCED T 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work IDE. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if ratirad) Maryland U. S. A. none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding please Mathilda Walters James Lahev altend 15. WAS DECE . D VER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 1 17. INFORMANT Address own) I (If yas giva waror datas of sarvica) HOSPITAL Records: SPRING GROVE STATE unknown 18. CAUSE OF DEATH (Enter only one causa per lina for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Occlusion of the Cornnary Artery (Sudden) DUE TO Hypertensive Arteriosclerotic Heart Disease. gave rise to immediate cause DUE TO (a), stating the undarlying Generalized Arteriosclerosis, with Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY certificate CERTIFICATION 8 0 Diabetes Mellitus 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) none 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED Month, Day, Yaer factory, streat, office bldg., etc.) While Not While Hour s.m. at work at work p.m. 11 O 11 m 19 DIRECTOR: 22a SIGNATURE TTENDING DIRECTOR PHYS. FUNERAL SPRING GRO VE STATE 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typs) Catonsville 28. Maryland Lmra KOPITS M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 1 23b. DATE THEREOI 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE OCT 3 15M 9/60 Cl. 12 . 9 4

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RES DENCE

YES NO

19 61

PERFORMED?

NO A

(State)

22b. DATE

(State)

**SIGNED** 

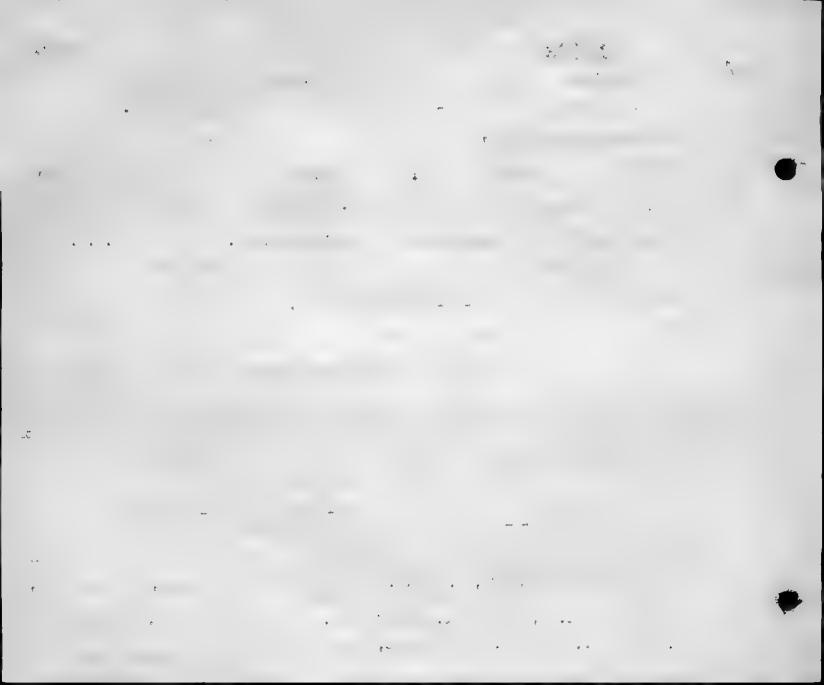
ON A FARM?



# MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND SIATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11133	CERTIFICATI	E OF DEATH	11124
1	PLACE OF DEATH  COUNTY  Baltimore  b. CITY OR TOWN (if outside corporate limit write RURAL end give necrest town)  Catonsville	s, c. LENGTH OF STAY IN 16 7-30-1957		L end give nearest town]
1	aton 329 Harlen Aven	pot in hospitel, give street eddress)	d. STREET ADDRESS Third Avenue	o. IS RESIDENCE ON A FARM? YES NO
V	NAME OF First	Midd e	Last 4. DATE Month	Dey Year
1	(Type or print) Geo.		Lathe DEATH Octobe	
1	sex 6. color or race white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF SIRTH  Dec. 5, 1885  9. AGE (In yeers IF UN last birthdey) 75 yrs.  Mont	
	Da. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUS		CITIZEN OF WHAT COUNTRY?
	fone during most of working life, even if refired  Glass Blower	Swindell Bros	Baltimore, Md.	U.S.A
ľ	3. FATHER'S NAME  Gene Lathe		5tella (unknown)	
-	geve rise to immediate cause  [e], stating the underlying cause lest.  [c]	219-07-2305 A couse per I no for (e), (b), and (c).  Cardiac failure  Arteriosclerotic (		donia Avenue INTERVAL BETWEEN ONSET AND DEATH 2 weeks Unknown
100000000000000000000000000000000000000	PARY II. OTHER SIGNIFICANT CONDITIONS  None  2De. ACCIDENT WAS UNDERLYING   OR CONTRIBUTION   CAUSE OF DEATH   IIIF EITHER, NOTIFY MEDICAL EXAMINER)		RED. (Enter neture of injury in Pert I or Pert II of Rem 18 )	YES NO L
- 1	20c. TIME OF INJURY Month, Dey, Yee Hour e.m. p.m. 19	While Not While fr	PLACE OF INJURY (Home, farm, 20f. (City or town) inctory, street, office bldg., etc.)	(County) (State)
	saw the deceased alive on 10- 22e. SIGNATURE	al) attended the deceased from 9-1961 19 and the third state of the th	m. 7-30-1957 19 1010-11-1961	on the date stated above.  22b. DATE SIGNED 10-11-61
	30. BURIAL CREMATION, 236 DATE THEF REMOVAL (Specify) Oct.14,1 4 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc., 1217	961   St. Peter	Baltimore.  250. REC'D BY REGISTRAR 25b. REGISTRA	Maryland



VR A15 (4) 15M 9/60

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO X

YES TO NO TO

(Stete)

SIGNED

(County)

Year AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. Deys Months Hours Min.

12. CITIZEN OF WHAT COUNTRY? U. S.

Clinical Records, Fort Howard Division INTERVAL BETWEEN ONSET AND DEATH 1\_DAY UNKNOWN

1961, 10 October 24, 19 61 that XI) (we) last 22b. DATE

VAH. BAITO 18 MD. FT. HOWARD MARYIAND 23d. LOCATION (City, town or county)

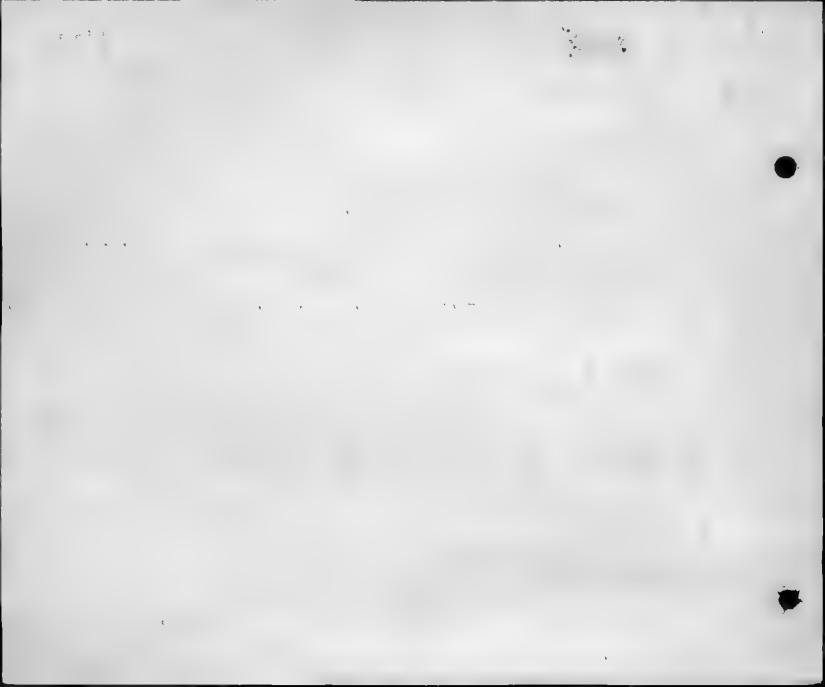
Howard County, Maryland

OCT 2 7 '#1 C. Thun & Kentet Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto, 14 DATE

4/4 60

D.

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) e. COUNTY e. STATE b. COUNTY director, Page imore MARYLAND CITY OR TOWN (If outside corporate him ts, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Middle River Pol Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? retained he State B YES NOW 3. NAME OF Middla DECEASED (Typa or print) DEATH MOS ctober 19 with DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 wiil 5 m. and 2 w. ? hours lest birthdey) WIDOWED [ male 10a. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working (ife, even if ratired) he Martin pages PM3. 13. FATHER'S NAME Kalph File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgiva war or dates of service) Lee 4216 Hartord 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO certificate should UHO O Conditions, if eny, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. ന 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City optown) 20c. TIME OF INJURY (State) 0 factory, street, office bldg., etc.) Not While While at work et work 21 I certify that I took charge of the remains described above, held an Autopsy I, Inspection I Inquiry and in my opinion 0 DIRECTO Accident 4 death resulted from Suicide Homicide [ Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER execute SIGNATURE DEPUTY MEDICAL EXAMINER FUNE NAME (Type plnohs Addrass (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) is REMOVAL (Spacify) Moreland Mem Park ö 9 <u>5</u>40 Duria 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME DACT 3 1 '61 Hartord Road #14 arthur S. Kraug 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral director, should be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liyed If institution: Residence before admission) o. COUNTY marylluce b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? YES NO F 5 DATE OF DEATH NAME OF DECEASED Middle (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED B DATE OF BIRTH campletely last birthday) Months Doys ofter WIDOWED [ DIVORCED [7] yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS, OR INDUSTRY RIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 2 13. FATHER'S NAME ġ physician .≘ M. ay e remave co 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Sauce attending edse CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO MUMUN **DUE TO** 2 permit. Conditions, if onv. which gned gove rise to immediate DIJE TO couse (o), stoting the underlying couse lost. been si PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I After this certificate has 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work ot work 4/, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from. and that death occurred of 20 M. from the couses and on the date stated above. sow the deceased olive an **DIRECTOR:** 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. M D 22c. PHYSICIAN'S 22d ADDRESS TO FUNERAL D NAME (Type) 23g. BURIAL CREMATION. 23Ь DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) 24 FUNERAL/DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE

25a, REC'D BY REGISTRAR

2Md

VR A15 (4) 15M 9/59

W	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M	71137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog, Dist, No. 1128
	1. PLACE OF DEATH Bultimore  2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)  5. COUNTY  Bultimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)  5. COUNTY  Bultimore
M)	b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest fown] and give nearest levels -0.15 V1110  c. LENGTH OF STAY IN 1b Catons V1110
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \sigma \) NO ((1)
$\Lambda$	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH 19
	5. SEX 2 2 3 3 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Coll brithdory WIDOWED 1 1 DIVORCED DIVORCED 7. MARRIED DIVORCED 7. MARRIED NEVER
	10a. USUAL OCCUPATION (Give kind of work done of the low during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY of the low during most of working life, even if retired)
T	13. FATHER'S NAME 132 4.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17 as, no, or unknown)  27 (17 yes, give wor or drives of services)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY.
	HAMMEDIATE CAUSE (a)
	gave rise to immediate cause (a), storing the underlying cause last.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] 19, WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIN
	TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Stole)  Hour a. m. While Not while of work at wor
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural couses, Accident, Suicide, Homicide, Undetermined cause
	ACTUAL ACTUAL SIGNED
	SIGNATURE  M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER
	( ) desired ( ) feet
E .	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)  Burial Oct. 7.1961 Loudon Park Cemetery Baltimore Maryland

TO DERLITY MEDICAL LIAMINER: This certificate shauld be executed within 24 hours after death. If one delay is necessary, please exe



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11120

11129

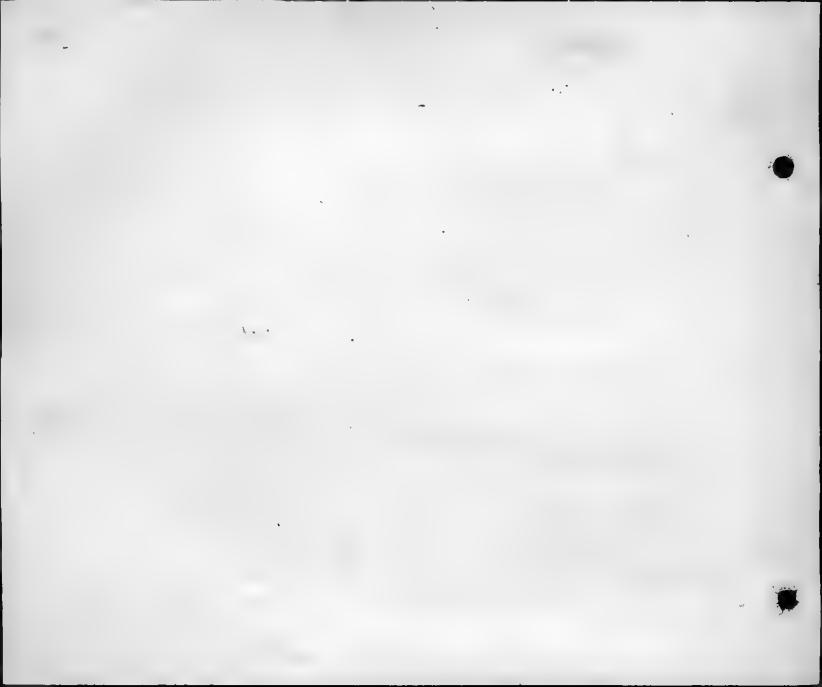
	77799	CERTIFICATE	- OI DEAIII	22 - 32 / 47	
	1 PLACE OF DEATH a. COUNTY BACTO,	MARYLAND 2	a. STATE MD b. COUNTY	Residence before admission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  CSTONS VILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURA BALTIMORE	AL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS 2810 HALCAEST AVE	e. IS RESIDENCE ON A FARM? YES NO IC	
7		TOM IS			
	3 NAME OF DECEASED (Type or print) ALBERT R. LE	Middle W MAN	Last 4. DATE Month OF DEATH OCT, 25	9, 6/ 19	
	S SEX 6. COLOR OR RACE 7. MARRIE		action of programme and the second	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min	
	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)  ASST. TO AUDITOR  B	CIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	u 311.	
	IJ. PATHER'S NAME	2	MANYEL ,		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S. [Yes, no, or unknown] (If yes, give wor or dates of service)		3 d m 3 m		
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)					
3	NAME (Type)  23g BLR AL, CREMATION REMOVAL (Specify)  REMOVAL (Specify)  NAME (Type)  23b DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY 23d LOCATION (City, lown, or of BALTS, MD.	county) (Stote)	
Desire in 1970 I fring wood					
1	and E. Character 3.	617 Chestrus		2. Track	

in by and 2 TO HOLD TALL OR ATTENDING PHYSICIAN: The law require that the death certificate be executed within may retained by the hospital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fine page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/S9

ours after death. Page 4





MARYLAND STATE DEPARTMENT OF HEALTH

5

filled

completely

physician

ding

affen

DIRECTOR

FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 11142 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Į. MARYLAND death. b. CITY OR TOWN HE outside corporate limits, write CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) funeral c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) Ad STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 4. DATE NAME OF Month First Middle lost Year DECEASED OF DEATH 6, (Type or print) CORNELIA 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthday) Months Davi WIDOWED TA DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITE NO. 17. INFORMANT Mrs. Genevia Couplin Brashaw. Md. attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN QMSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, If ony, which gove rise to immediate **DUE TO** casse (o), stating the underond tring couse lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? denocarcinoma YES [T] NO TA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour p. m. While Not while of work of work p. m. 19.6 that I last saw the deceased 21. I certify that I attended the deceased from detached to burial, M, fram the causes and an the date stated abave. and that death occurred at 7.4 ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 4 (7) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, of county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) ebod Abingdon. Harford Co., Md. 10-31-61 Asburv Cem. 2 ADDRESS 578 W FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR accept a Henry Biddle St. VS A15 (4) arthur S. Himes DATE: 3 1 161 15M 9/55





funeral ed within 24 hours after PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extended within 24 hours death. Page 4 may be retained by the hospital on attending physician.

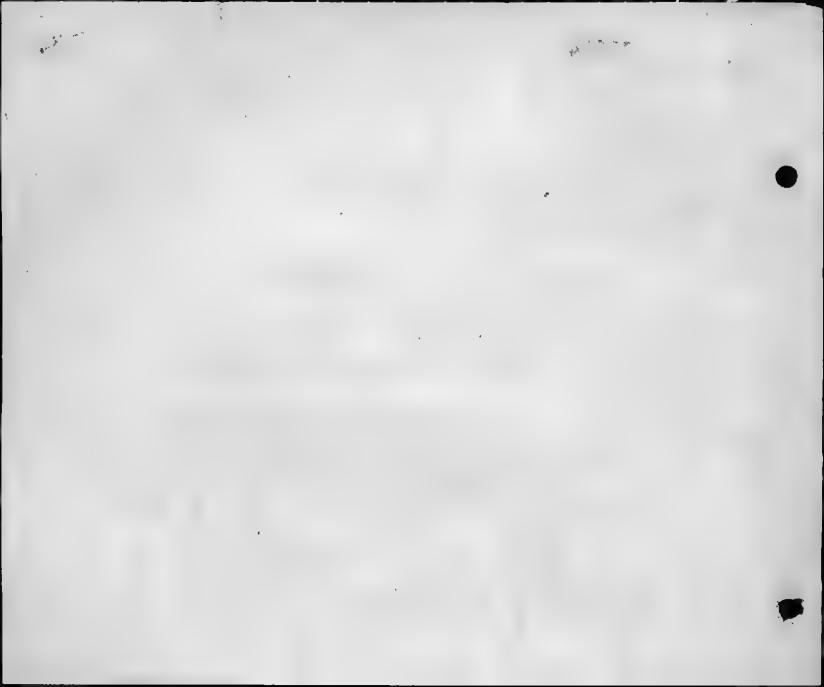
7 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEP	ARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	11144 Item 2) Film G2	OF DEATH iwk 11134
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	Baltimore MARYLAND	Mary land Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
	Catonsville Lyr7mthLdys	den Burnie, Maryland
i.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
	SPRING GROVE STATE HOS LTAL	1604 Heathwood Road YES NO 1
	DECEASED	OF (3
	oeleman official	Lynch   DEATH OCTOBER 15 19 OL  B. DATE OF BIRTH ,9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Oct. 20, 1874 86 year Months Days Hours Min.
10e	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & Steta, or fore gn country)   12. CITIZEN OF WHAT COUNTRY?
do	boilermaker	Maryland U. 3. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Lynch	unknown
	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
•	unknown 214-05-2978 I	Records: SPRING GRO 7 SPATE HOSPITAL
	1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) Coronary thrombos	18
	DUE TO	cardiovascular disease
	geve rise to immadiate cause	Cardiovascular disease
	(a), stelling the underlying DUE TO ceuse test.	
Z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION		PERFORMED?
THC		D. (Enter nature of injury in Pert I or Part II of item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH .  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	the state of the s	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MED	p.m. 19 et work et work	
	21. I certify that ? (this hospital) attended the deceased from	March 11,0:1837, to Oct. 15 , 19.64, that (I) (we) last
	saw the deceased alive on Oct 15 19.61, and tha	at death occured ata. M, from the causes and on the date stated above.
	22e, SIGNATURE	ATTENDING MED. STAFF 10-17-61 SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 100117001
	NAME (Type) Stella Wachsler, M. D.	Catons ville 28. Maryland
23	a. BUR.AL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	
	REMOVAL (Specify) 19/20/61 Anatomy Boa	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Orthug & Kraus

ADDRESS

24 FUNERAL DIRECTOR'S SIGNATURE



patt. Till

11146

## CERTIFICATE OF DEATH

Reg. Dist. No 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) . county Baltimore b. COUNTY Baltimore MARYLAND Marvland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest fown)
Dundalk Dundalk (22)vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Baltimore Avenue Baltimore Avenue YES NO. NAME OF 4. DATE Middle - fost Year DECEASED OF DEATH ERNEST  $\mathbf{R}$ MAFFEI October 30th, 19 61 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Sept.4.1888 DIVORCED T WIDOWED T male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carpenter Construction Naples. Italy U.S.A 13. FATHER'S NAME Antonio Maffei Marion Simon IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address same as #2 Daisy R. Maffei 216-09-291 no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** astasta Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY 20d. INJURY OCCURRED Doy, Year 20f. (City or town) [County] (Stote) foctory, street, office bldg , etc.) Hour o.m. Not while While ot work ot work 30 21. I certify that I attended the deceased from 10-, 19 2, that I last saw the deceased and that death accurred at6:00A, M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 7001 Mornington Road PHYSICIAN'S Eugene F. Nevy, M. D. Baltimore 22, Maryland 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) St. Stanislaus Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 17 -1 47 8. Hrout Valter Brooks Bradley, Inc., Dundalk 22. Md DATE

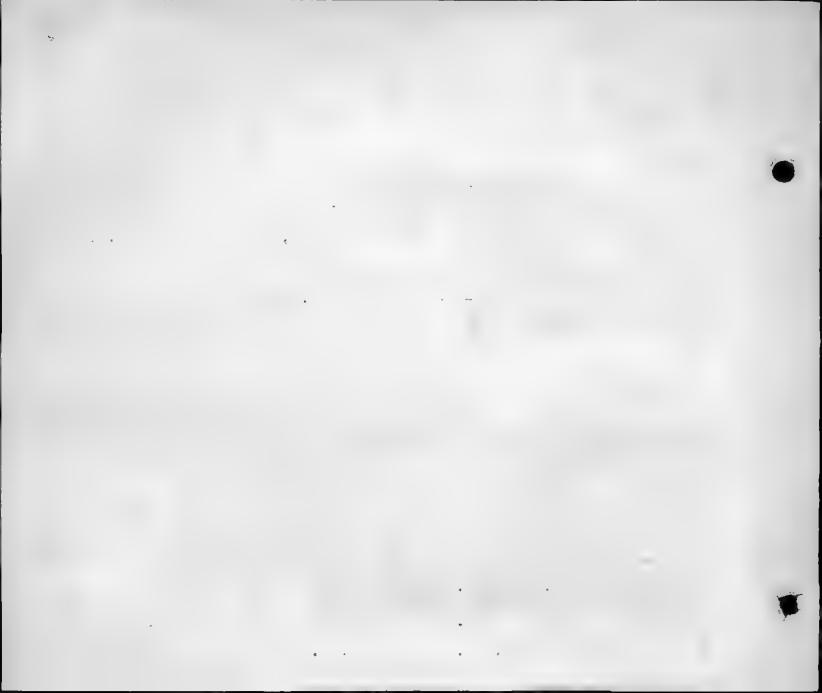
with director should be filed the funerol Poges completely death. remove corbon ottending physicion څ ony burial-transit as the DIRECTOR prior to phoods he registror (7)

requires that the death certificate be

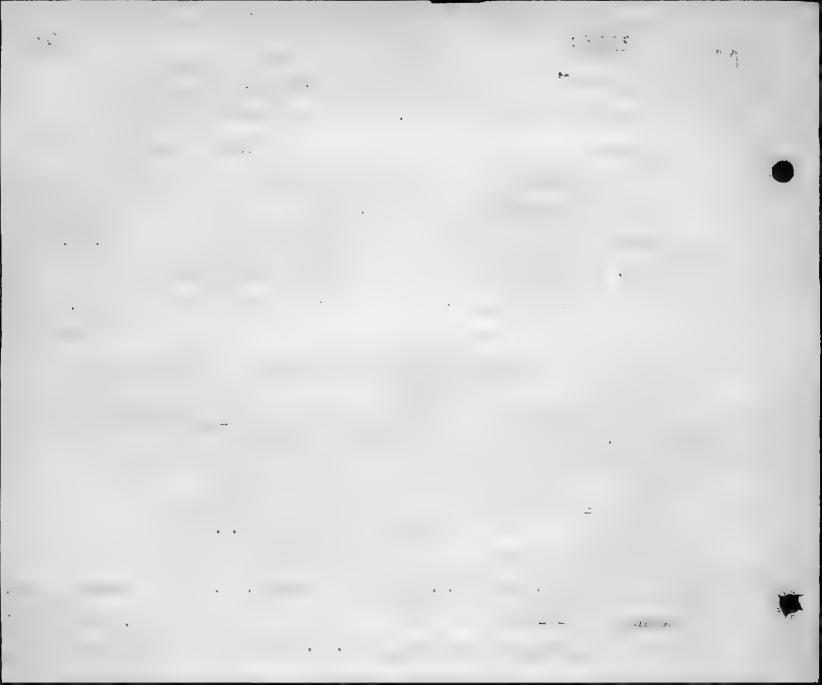
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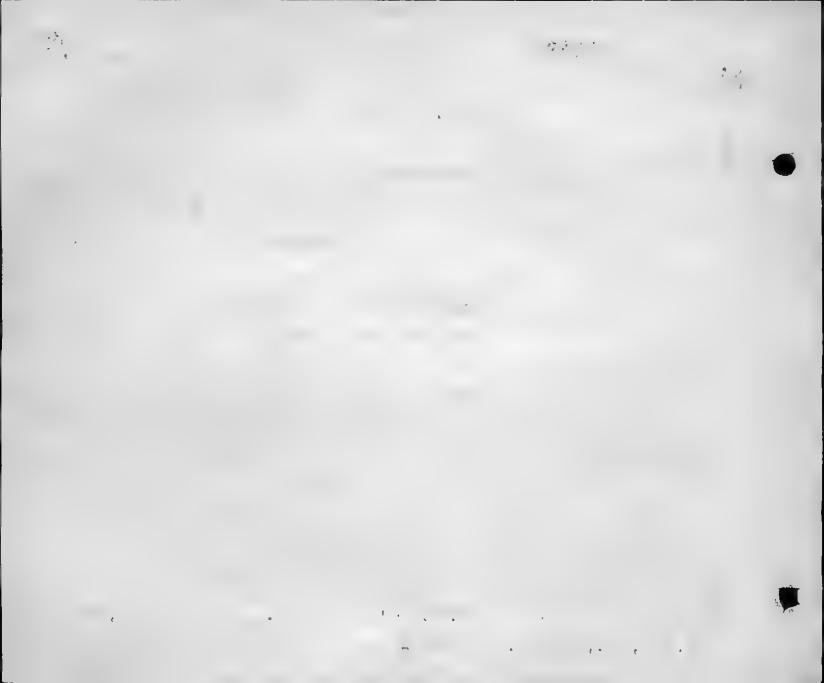


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before e. COUNTY **b.** COUNTY by the and 2: death. Baltimore MARYLAND Marvland by th b. CITY OR TOWN ( f outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAU and give nearest town) write RURAL end give neerest town) Owings Mills Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Rosewood State Training School Holling DECEASED (Type or print) DEATH Joseph AGE (In years , IF UNDER 1 YEAR JF JNDER 24 HRS. 7. MARRIED last birthday) Male WIDOWED [ DIVORCED [ physician 10e. USUAL OCCUPATION (Give kind of work 10h, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? RTHPLACE (County & State or fore gn country) done during most of working life, even if retired) Dependent Baltimore, Maryland U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please and Henry H. Matzdorf Elizabeth Marie Touchard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (If yes give war or dates of service) Rosewood Records, Owings Mills, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ) NTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aspiration Pneumonia IMMEDIATE CAUSE (a) \_ l dav Acute bronchitis (malformation of superior maxillary (b) bone with maximum connective tissue obliteration of DUE TO nasal passage (naso-pharynx) (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS A JTOPSY Influenza memingitis with complicating quadriplegia and symptomatic 2017 ACCIDING WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAM NER) 11 DIRECTOR: After this of 3 should be detached for the State Dept. of Health 20 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20f, (City or fown) (County) factory, street, office bldg., etc.) Not While at work at work 21. I certify that # (this hospital) attended the deceased from...... 8/23 ............... 19.5/4 to.... 1961, that (#) (we) last 22b. DATE SIGNED PHYS. DIRECTOR FUNERAL rector, page 3 - Joans 22d. ADDRESS 22c, PHYSICIAN'S Harry G. Butler, M.D. Rosewood St. Tr. School, Owings Mills, Md. rector, 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 234. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) <u>.</u> ÷ 8 0 New Cathedral Cem. Frederick Ave. Baltimore. Md BURTAL. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Thomas J. Kenny, Inc 1600 Hollins Balto. Md DATE arthur S. Krous 15M 9/60



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11148 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission e. COUNTY b. COUNTY Baltimore by the 1 and 2 s death. MARYLAND Mar yland Baltimore b. CITY OR TOWN (If outside corporete lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) β write RURAL and give nearest town) atonsville after Catonsville .E = Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 72 hours 6520 Woodbridge 6520 Woodbridge Circle YES NO TO compleicly papers, 3. NAME OF Middle DECEASED OF 61 McDonald Oct. (Type or print) Florence DEATH 19 within 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Hours Female June 8.1885 76 WIDOWED 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) physician 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Mav Baltimore. M d. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please \_⊆ Richard Parry and Catherine Burns 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address law requires that the (Yes, no. or unkown) ! (If yes a vewer or detes of service) Thomas Mrs. J. McCartney. 6520 Woodbridge the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN attending physician. ONSET AND DEATH signed by . DEATH WAS CAUSED BY Metastases squamos cell IMMEDIATE CAUSE (6) of eny, which certificate has been geve rise to ammediate cause DUE TO (e), stelling the underlying the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? as NO 20e ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. el work et work DIRECTOR: 19.64, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from ... pino saw the deceased alive on U.C. 22b. DATE 22e SIGNATURE ATTENDING. MED. **STAFF** SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S LOCATION (City, fown or county 23c. NAME OF CEMETERY OR CREMATORY (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) & dio B Baltimore New Cathedral 1 TERE F.D. 410 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Edmondson Appress VR A15 (4) 15M 9/60 arthur & thrown





Prince George

e. IS RESIDENCE ON A FARM?

YES NO

19 (0)

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO .

(State)

22b. DATE

(State)

SIGNED

Devs

(County)

arthur S. Huma

WW DATE OCT

wash to C

15/61

HOSPITAL

filled and physician attending pl Then please i val, and in a the signed FUNERAL 0

VR A15 (4) 15M 9/60

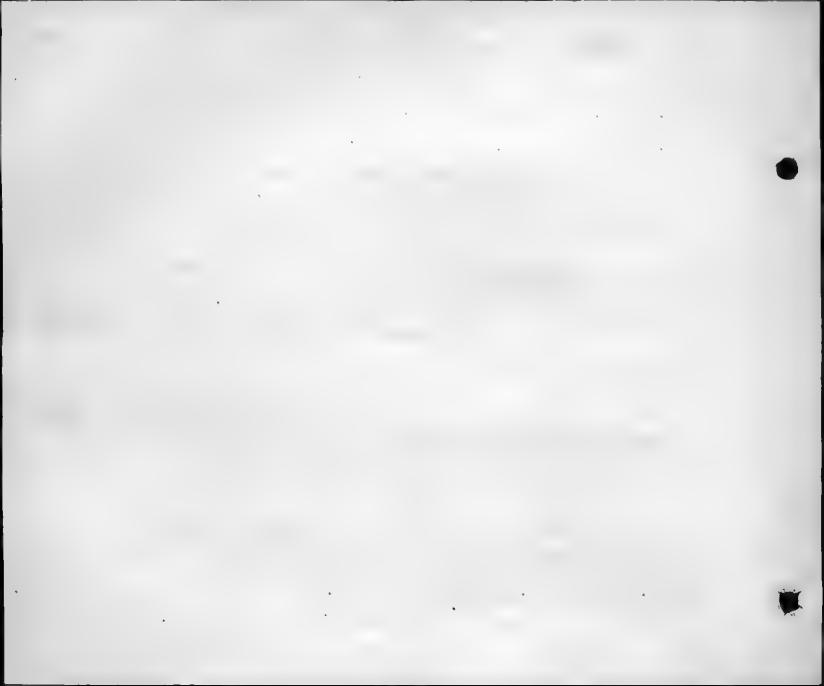


CERTIFICATE OF DEATH

1, 5	LACE OF DEATH COUNTY	_ <del> </del>	2 USL	JAL RESIDENCE (When	re deceased liv		idence before	g admission)
`	Baltimore	MARYLAND	M	aryland	<u> </u>	b. COUNTY	me 1	runda
- 1	<ul> <li>CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)</li> </ul>	011	) ع	CITY OR TOWN (IF OU	tside corporate	limits, write RURAL	and give ried	rest town)
	Mt. Wilson, Maryland	25 mo.	6	dalwa	ater_			~ X
	<ol> <li>NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION</li> </ol>	eet oddress)	d.	STREET ADDRESS	7 1 100	n a		ON A FARM?
**: N	14. Wilson State Hospi	t.2]	MO	vy Borot	10.7.0	1 Bex 30		YES NO
3. [	NAME OF First	Middle		Lost	4. DATE OF	Manth	Doy	Yeor
	Type or print)	Medell /	YX [7/	18/D/I/4/4	DEATH	10	15	1961
S. S	EX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years IFUN ost birthday) Mont		IF UNDER 24 HRS.
	WIDO	OWED DIVORCED	17	· 1. 191.	3	47 yrs. Mon	hs Doys	Hours Min.
10a	USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (State or	foreign count	7) / 12.	CITIZEN OF	WHAT COUNTRY?
	Cab driver			20001	lyn.	N , $Y$ , $ $	43	A
13	FATHER'S NAME	Medell	14. /	OTHER'S MAIDEN NA	ME			
	JOSEPH MAGINI	MATHH	A	FNNA	UTA	BRIS		
	WAS DECEASED EVER IN U. S. ARMED FORCES?  No. or unknown?  [If yes, give war or dofes of service]	16 SOCIAL SECURITY NO. 17.1	NFORMA	NT		Address		
,	No	717-05-4821	Hospi	ital Record	is, lit.	Wilson St	cate H	ospital
	18. CAUSE OF DEATH [Enter only one cause pe	er line far (o), (b), and (c).]	^	/				RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Umsha	le	heuc	emo	Ć.		w
	DUE TO							1
	Conditions, if ony, which ) (b)	7						
	gave rise to immediate							
	lying couse lost.							
Z	PART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	T NOT RE	LATED TO THE TERMIN	AL DISEASE CO	ONDITION GIVEN IN	PART 1(a) 19	WAS AUTOPSY
CERTIFICATION	Lima absces	4						PERFORMED?
TIFIC	20a. ACCIDENT WAS UNDERLYING [] 206	DESCRIBE HOW INJURY OCCURRE	ED. (Enter	nature of injury in Po	ort I or Port IL	of item 18.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
3				INJURY (Home, form,	20f. (City or	lown)	(County)	(Stote)
MEDICAL		hile Not while To	ectory, are	set, office bldg., etc.)				
	21. I certify that (I) (this hospital) att	anded the decoased from	Q.	2 10/	L . 10 [	0.15.,1	0 ( 1 th	st (1) (
	sow the deceased alive on 101	the state of the s	_	126 occurred at 55				
	22a SIGNATURE	LESE YELL TO LESE 7 GITG HIGH	deam c	4 i				32h DATE
	Muremer			TENDING MED	ctor 🗆	STAFF PHYS.	0.15	. 19 81 GNED
	22c. PHYSICIAN'S	× vv		d ADDRESS				
	NAME (Type)  Im. Heuconer u.D.	Superintendent	1	H. Ilson	State	Hospital.	Nt.	llson. Nd
230	BURIAL CREMATION 236, DATE THEREOF	23c NAME OF CEMETERY C				(City, town, or cour		(State)
	REMOVAL (Specify) 10-18-6	1 Heller	st	Men.	luc	ugsali-	1	il
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		7 250. REC'D	BY REGISTRAR	256 REGISTRAR	S SIGNATUR	E
V	to he Milay los &	on amarch	: 10	10 DATE OCT	17'61	Certina	S. France	4

TO FUNERAL DIRECTOR: After this merificate was been signed by the ottending plysician and complemy filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. aurs after death. Page 4 AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

10 E VR A1S (4) 1SM 9/S9



VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11110

11152			THE TAC					
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decasted lived, If institut	ion: Residence before edin ssion)					
Baltimore	MARYLAND	Maryland b. county	V					
b. CITY OR TOWN (if oulside corporete		c. CITY OR TOWN (if outside corporete limits, write RURA	L end give nearest town)					
write RURAL end give nearest town)	- 0 -		#					
Fort Howard	lo Days	Baltimore 5	/ AC ACCIONNOCE					
4.	DN (if not in hospital, give street eddress)	d STREET ADDRESS	IS RESIDENCE     ON A FARM?					
Veterans Administra	ation Hospital	928 N. Washington Street	YES NO K					
3. NAME OF DECEASED	First Middle	Last 4, DATE Month OF	Day Yees					
(Typa or print) JOSEP	н н. 1	MEIFARTH DEATH October	10 19 61					
		DATE OF BIRTH 9. AGE (In yeers IF UN	DER 1 YEAR   IF UNDER 24 HRS.					
		Fohmus 12 1888 73 vis.	hs Deys Hours Min.					
10a. USUAL OCCUPATION (Give kind of t	interest in the second							
dane during most of working life, even if n	etired)							
Laborer	Gardening	Baltimore, Maryland	U. S. A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Henry F. Meifarth		Wilhelmina Hofer	<u>,</u>					
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unkown)   (Ifyes give wer or data	FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	18 Mamiland					
TATA T	217-22-7597	inical Records, VAH, Baltimore	, 10, Maryrana					
Yes   WW 1   21 (-22-179)   Fort Howard Division   Fort Howard Divis								
BARTI BEATTI WAS CAUSED BY								
IMMEDIATE CAUSE (*) ARTERIOSCIEROTIC HEART DISEASE								
Conditions, if env. which DULMONARY EMPHYSEMA								
(0)								
geve rise to immediate ceuse (e), stating the underlying								
couse last,	couse last. (c) CARCINOMA OF PROSTATE WITH METASTASIS							
PART II OTHER SIGNIFICANT CO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
Transrectal biops	Transrectal biopsy-Adenocarcinoma- Operation 9/27/61							
	206 ACCIDENT WAS UNDERLYING 206. DESCR.BE HOW INJURY OCCURED. Enter neture of in ury in Part I or Part II of Ham 18.) OR CONTR.BUTING L. CAUSE OF DEATH							
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING L. CAUSE OF DEA								
	Year   20d. INJURY OCCURRED   20a. PLA	ACE OF INJURY (Home, ferm, 20f, (City or town)	(County) (State)					
20c. TIME OF INJURY Month, Day	WhileNot While feet	tory, street, office bldg., etc.)						
	9 at work st work	20 (2)	67					
21. Il certify that OK (this ho	spital) attended the deceased from.	September 22 61 60 October 10	, 199, that (★) (we) las					
saw the deceased alixe on .0	ctober 10, 1961 , and that	death occured at AM, from the causes and	on the date stated above					
22a. SIGNATURE		ATTENDING MED. STAFF	22b, DATE , SIGNE					
Hames	Vrahan "	D PHYS. DIRECTOR PHYS.	10/10/6					
22c. PHYSICIAN'S	1-6	22d, ADDRESS	3					
THOMAS F. CRAHAN,	M.D.	VAH BAITO 18 MARYLAND FT.	OWARD DIVISION					
238. BURIAL, CREMATION, 236. DATE	THEREOF 123c, NAME OF CEMETERY							
REMOVAL (Specify)								
THE TOTAL OF THE PERSON OF THE	-1961 Holy Redeeme							
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRA						
Jerome_Cvach, 900	N. Chester St., Baltin	nore, Md. DATE OCI 13'61 Chil	my L. Krous					



)	1. PLACE OF a. COUNTY
)	b CITY OR RURAL o
	d. NAME O

PLACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution:	Residence befare admission)
Baltimore	MARYLAND	Maryl	and b. COUNTY	Baltimore
b CITY OR TOWN (if autside carporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RURA	L and give nearest town)
RURAL and give nearest town) Sparks	Life	XSparks		
d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	rks Marylan	York Ros	ad Sparks Md.	YES NO TY
NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Walter Dickins	on Merryman			-16- 19 61
		8. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED	8-20-1878	83 yrs.	onths Days Hours Min.
Oa. USJAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	self_employed	Maryla	nd	U.S.A.
3 FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Phomas H. Merryman		Martha Gar	rber	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	Timmonium
	5-24-0917 W	Lerov Mer	cyman 2345 Yo	rk Rd Md.
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]	*		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	retio-Sclero	Tic CArdi	o- VASC-Ulai-d	ONSET AND DEATH
DUE TO	770-30.00	77777 (6)	0 0 910 0000111 14	
Conditions if now which )				
gave rise to immediate				
cause (a), starting the under-				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GIVEN	IN PART I(n) 19. WAS AUTOPSY
o Taki ii. Omek significanti conditions <u>c</u>	OH THE STATE OF THE BOTTON	NOT RECOVED TO THE TERM	TAL DISEASE CONDITION SIVEN	PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 206 DESC	CRIBE HOW INJURY OCCURRE	) (Enter nature of injury in I	Port Lac Part II of Item 18.)	1.5   1.0
206 ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIDE FIOTY INSIGN OCCURRE	ferrior record or responsible	and the state of t	
		ACE OF INJURY (Hame, farm		(Caunty) (State)
Haur a.m. While at warl	IAGI AUITS	tary, street, affice bldg, etc.	) [	
p. m			W- 10/11	
21. I certify that (I) (this haspital) offend	( )	1/	70. 10 10 1/h	. 19_le1, that (I) (we) lost
saw the deceased olive on	19_5/, and that d	eath accurred of 8.12.	M, from the couses and	on the date stoted above.
22a. SIGNATURE		ATTENDING MI	D STAFF	22b. DATE SIGNED
CA.M. Tu	which .	M D. PHYS. Z	RECTOR PHYS	10/18/11
22c PHYSICIAN'S NAME (Type) 27 N.1 E	17 17 ^	22d. ADDRESS	77 1	. (
11.17.5	MANCH	1/7	KKTON P	4
12 BUD AL COCALATION ON BATE THEREOF	AA 14415 AB 4511591414 A	COCHATORY	224 LOCATION ICA	

Hereford

25a. REC'D BY REGISTRAR

DATE OCT 2 0 '61

Monkton REGISTRAR'S SIGNATURE

the attending physician and mampletely and in by the funeral director. Then please remove carban papers. Pages 1 and 2 shauld be filed with page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Baard of Health prior ta burial, cremation, ar remaval, and in any event, within 72 haurs aftge-dealth TE IUNEEAL DIRECTOR: After this certificate has been signed by the attending physician and nampletely retained by the hospital ar attending physician

IL OR ATTENDED PHYSICIAN: The law requires that the death remificate be executed with

aurs after death. Page 4

VR ATS [4] 1SM 9/S9

REMOVAL (Specify)

Burtal 10-

10-19-61

Brooks Funeral Service, Towson4, Md.

Foster's

to.

.57 physician please attending | Then please the

hospital or and certificate has

20

detached ined by

t may be retaine DIRECTOR: / 3 should be det

FUNERAL

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director, F be fired w VR A15 (4) 15M 9/60

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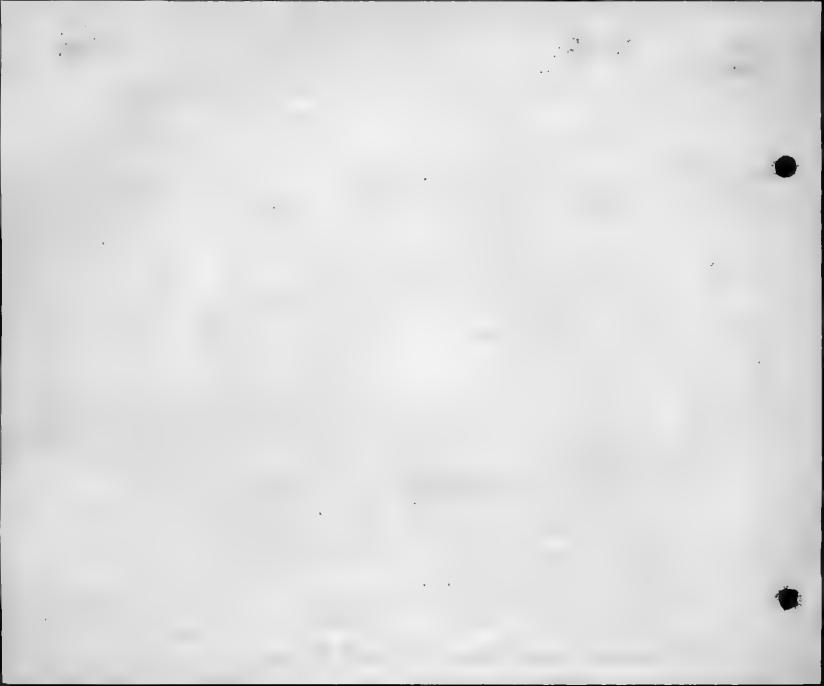
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VR A15 (4) ■M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	1_1	199	CERTIFICATE	OF DEATH		11145
1.	PLACE OF DEATH		-		E (Where deconsad lived, If institu	ution: Residence before admission
	Ba Ba	ltimore	MARYLAND	a. STATE	aryland b. COUNTY	
-		f outside corporete limits,	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF	outside corporete lim ts, write RUR	(AL and give neerast town)
	- n	g ve neerest town)	00.3	90 - 1 1 2	2	Vo 1-4
-	Catonsv		28 dy as	Baltimore d. STREET ADDRESS		I . IS RESIDENCE
		AL OR INSTITUTION (if not in it			2 A	ON A FARM?
	SPR NG GR	OVE STATE HOS	PITAL	3719 Edmon	dson Avenue	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Joseph	P.	Milligan	DEATH Octob	per 2 1961
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED TO B.	DATE OF BIRTH	9. AGE (In years   IF UI	NDER I YEAR   IF UNDER 24 HRS.
n	ale	white wipov		March 19, 19	O4   lest birthdey  Mor	nths Deys Hours Min.
			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stete, or foreign country)   1	2. CITIZEN OF WHAT COUNTRY
0	Salesinan	rking lifa, even if ratired)		Na ryla	nd	U. S. A.
13	FATHER'S NAME	<u> </u>	1	14. MOTHER'S MAIDEN N		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Char	eles Milligan		Anna Crou	se	
15	WAS DECEASED EVE		6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
I li	uni nown	yes give wer or detes of service)	unknown Rec	eords: SPRIN	G GROVE STATE H	OSPITAL
200		EATH Enter only one cause pe				I INTERVAL BETWEEN
	PART I. DEATH	WAS CALISED BY.				ONSET AND DEATH
	1 CAN	IMMEDIATE CAUSE (a) US	rcinoma of the	sopnagus		
	1.2.0 V	DUE TO				
	Conditions, if eny					
	geve rise to immedia (a), steting the un	> DITE TO				
	cause lest.	(c)				
Ž	PART I. OTHER	SIGNIFICANT CONDITIONS C	ONTRBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
₽ ¥						YES NO K
150	20e. ACCIDENT WA		DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in P	ert for Part I of itam 18.)	<u> </u>
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJU			CE OF INJURY (Home, ferm	20f. (City or town)	(County) (State)
ĘĐ.	Hour a.m.		hila Not While tack	ory, streat, office bldg., etc.		
1			ended the deceased from	Sent.	1961 10 Oct. 2	., 1961., that (I) (we) la
		Oat	^ /¬	i 2	M.M, from the causes and	
	22e. SIGNATURE	ed alive on	, and inar	deam occured at	W.M. HOUR Me causes and	22b. DATE
1	220. SIGNATURE	20.0 4,1	, // A	manager 197 No.	NED. STAFF	10-2-61 SIGNE
	no multiple able		M	.D. E		
	22c, PHYSICIAN S NAME (Type)	Stella Wachsl	er. M. D.	220. ADDRESS SI	RING GROVE STA	A.W HOSPITAL
_					tonsville 28, Mc	- A
23	BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City Down of	county)- (State)
	Burn	100 4 170	Mew lat	heidal	va re	luck wall
24	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	2Sa. REC	D BY REGISTRAR 256. REGISTE	RAR'S SIGNÂTURE
	KINHA	7 Funday N	me 12/6 Soil	OLES AT DATE OF	T C 101	
	, www.	C LIMINATION IN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	96	1-6	1 S. Thank



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11156 **CERTIFICATE OF DEATH** funeral director, ruld be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased/lived. If institution. Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAY and give nearest town) the fund d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS and c DATE OF DEATH NAME OF Middle DECEASED Pages (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED D DIVORCED | USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS during most of working life, even if relired) 13. FATHER'S NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16+ SOCIAL SECURITY NO 17 INFORMANT offending CAUSE OF DEATH [Enfer only one cause per line far (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** permit. Canditions, if any, which (b) Bued gove rise to immediate **DUE TO** cause (o), stoting the underbeen sig lying cause last. certificate has been si 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) n.m. While Nat while at work at wark 21. I certify that I attended the deceased from ACTUAL SIGNATURI

b. COUNTY c. CITYOR TOWN (If buside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Z Year 1961 AGE (In years last rihday) IF UNDER 1 YEAR IN LINDER 24 HRS Hours 12 CITIZEN OF WHAT COUNTRY? 11.5. Sollers INTERVAL BETWEEN ONSET AND DEATH 5 MINS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (County) (State) that I last sow the deceased M, from the causes and on the date stated above. PHYSICIAN'S 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawh ar county) (State) REMOVAL (Specify) Baltimore. Maryland Mt. Calvary 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Madison Avenue DATES CT 1 9 '61 Chilling S. Thank

Reg. Dist. No.

V\$ A15 (4)

15M 10/57

INTERNATIONS DE MONTE DA DA ... CILLE VERI CEICHEN IN The second state of the second of the state of the factorial south some times starts 30350/1848 Filed e to apply the same 13 Land the action H 7:1 2 34

" 140 Cak Avenue 16m. 1: 15 : 1:11 : 10 of con 11:22 :: 1

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	77701	CEKTIFICATE	OF DEATH	11147
	LACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, if it	nstitution: Residence before admission)
	Baltimore	*******	e. STATE B. COUNT	IA
L		MARYLAND	c. CITY OR TOWN (If outs de corporate limits, write	PIRAL and tive pearest town
	writa RURAL end give neerest town)	E. LENGTH OF STATIN ID	C. CITT OR TOWN (II outs de corporare mins, want	EOAT and give neerest lown)
	Fort Howard	3 Days	Baltimore	2 1 1 1 1 1
d	I. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to	e , g ve street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
	Veterans Administration Ho	nemi tal	1011 W. North Avenue	YES NO IX
į	NAME OF First	Middie	Last 4. DATE Month	Dey Yeer
1	DECEASED		OF	
_	Type or print	J. NOE	UCTODE	
ŀ	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [ 8.	DATE OF BIRTH  9. AGE (in yeers   Jast birthday)	Months Devs Hours Min.
	Male Colored WIDOWED	DIVORCED	9/30/98 63 yrs.	Months pays flours with,
	USUAL OCCUPATION (Give kind of work   10b. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or fore gn country)	12. CITIZEN OF WHAT COUNTRY
e	during most of working life, even if retired)		Politinana Manual and	II C A
7	Painter!_Cons	struction	Baltimore, Maryland  14. MOTHER'S MAIDEN NAME	U.S.A.
	Dulle a NUME	1	14. MOTHER 3 MAIDEN PAME	
	Frank Noel		Lavinia Lewis	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SC no, or unkown) ! (Ifyes give were references of service)	CIAL SECURITY NO. 17. 11	NFORMANT Addrass	
		8_71,_777h 674m	.Rec.VAH.Balto.Md.Ft.Howar	ri Dirrigion
	18. CAUSE OF DEATH [Entar only one ceuse per line	for (a,, (b), and (c).]	direct surface no storer of Howar	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: TATENT	VEC'S CIRRHOSI	S	ONSET AND DEATH UNKNOWN
		TOO D CTIMINGT		- OMENONIA
	- XXXX	THE THEFT SOUTH		l. DATE
	177	CHO PNEUMONIA		4 DAYS
_	eve rise to immediate cause  DUE TO			
	cause last. (c)			
•		BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY
	4 ->			PERFORMED?
	EMPHYSEMA. ARTERIOSCLE		The state of the s	AEZXIXIX NO [7]
2	10a, ACCIDENT WAS UNDERLYING	TIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Pert II of Item 18.)	
	F EITHER, NOTIFY MEDICAL EXAMINER			
		1	GE OF INJURY (Home, farm, 201. (City or town)	(County) (Slete)
	Hour a.m. (While	Not While lecto	ry, street, office bldg., etc.)	
	p.m., (7		Oct 1 1067 . Oct 7	10 67 11 16 (1)
2	21.   certify that (/) (this hospital) attende	d the deceased from.		, 19
		190.1, and that	death occured atM, from the causes a	
2	220. SIGNATURE		ATTENDING MED, STAFF	22b. DATE SIGNED
	If selex / E. Coa	HAND	DIVE DECTOR BUYE	
22	e. PHYSICIAN'S		22d. ADDRESS	
	NAME (Type) CHARLES E. ROWAN	, M.D.	VAH. BALTO. MD. FT. HOWARI	DIVISION 10/7/61
		23c. NAME OF CEMETERY C		
	REMOVAL (Specify)			
	Burial   Oct. 11, 1961	Baltimore Na		re, Maryland
7	PUNERAL DIRECTOR'S SIGNATURAL 802 Mac Charles R. Law Baltimo	dison Avenue	25a. REC'D BY REGISTRAR 25b. REG	IISTKAR'S SIGNATURE
1	Charles R. Law Baltime	ore. Maryland	DATE OCT 1 0 '61	atting 8 ft.

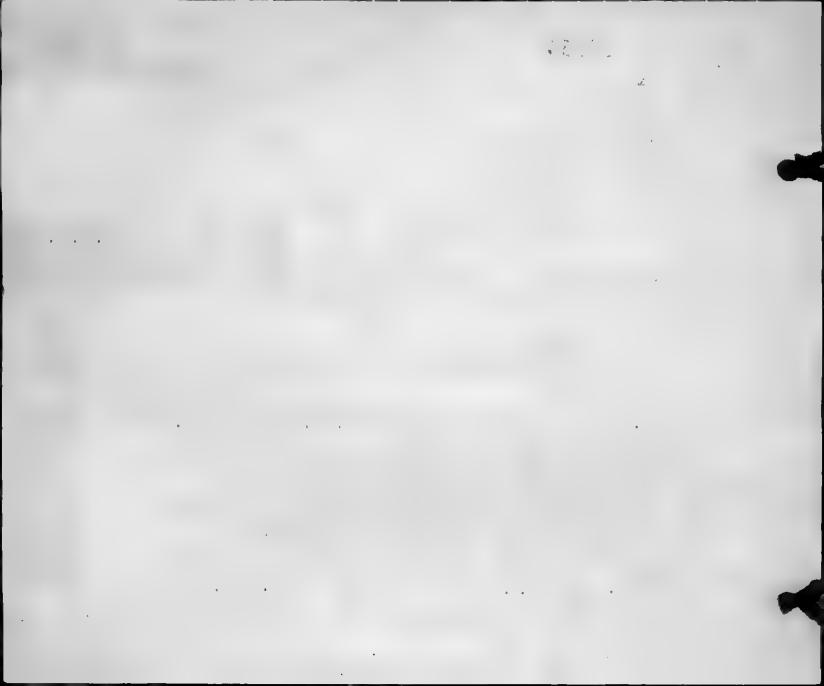
dea. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. THYSITIAN: The law requires that the death certificate be exe PITAL OR ATTENDING TO E VR AT5 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Baltimbre Maryland MERVIAND b. CITY OR TOWN (if outs'de corporate limits. e. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) and write RURAL and give neerest town) 35 Days Fort Howard Elkridge hours after Pages d. STREET ADDRESS a. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Veterans Administration Hospital 2116 Church Avenue YES NO 129 completely papers. 3. NAME OF 4. DATE Middle DECEASED 1961 1.1 (Type or print) PAIMER DEATH October TOHN. 9. AGE (In yeers , IF UNDER I YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH last birthdey) Male Negro WIDOWED [ DIVORCED November 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE &County & State, or foreign country) гетоме done during most of working life, even if retired) U. S. A. Railroad Middleville. Georgia Trackman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please c attending Tather Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Lewis Then Baltimore 18, Maryland Clinical Records VAH. Fort Howard Division (Yes, no, or unknown) | (Ifyes give weror detes of service) physician. permit. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: UNKNOWN MYOCARDIAL INFARCTION IMMEDIATE CAUSE (e) XXXXXX UNKNOWN ARTERIOSCIEROTIC HEART DISEASE Conditions, if any, which gava risa to immediate cause DUE TO (a), steting the undarlying has the hospital or a this certificate hat d for use as the E cause last. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? nemia. Hypertensiye Cardiovascular Disease. Rt. Inguinal Hernia. NO 3 prior 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAJSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) (State) 20c TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) Month, Dey, Year factory, street, office bldg., atc.) Not While While Hour A.m. el work al work may be retaine DIRECTOR: 61 to October 11, 19 61 that (4) (we) last 21. I certify that 4) (this hospital) attended the deceased from September. 6, 19 saw the deceased alive on Oct. 1961, and that death occured at M, from the causes and on the date stated above. 225. DATE 220 SIGNATURE 12/61 ATTENDING S 2 DIRECTOR PHYS. PHYS. M.D. PITAL Page 4 FUNERAL 22d. ADDRESS BALTO. 18, MD., FORT HOWARD DIVISION CRAHAN. M.D. director, F be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) de Baltimore National Cemetery Baltimore Buria] 250. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Arlington S. Phillips, 1808 N. Monroe St. Balto. 17 DATE 15M 9/60 Md.



MARYLAND STATE DEPARTMENT OF HEALTH

	11159	CI	RTIFICATE	OF DEAT	H /62 iwk		11149
1. PLACE OF DEA	ATH				DENCE (Where decesses		Residence before edmission)
e. COUNTY	Baltimore		MARYLAND	a. STATE	Maryland	b, COUNTY	ince George
	/N (if outside corporate tim	its,   c. LE	NGTH OF STAY IN 16		WN (If outside corporete I		
	end give neerest town)	177	vr7mth9dvs	Col	Llege Park,	Mareland	
	OSPITAL OR INSTITUTION		U - V U -	d. STREET ADDI		ary rand _	a. IS RESIDENCE
)					.,,		ON A FARM?
3. NAME OF	GROVE STAT		Middle	11 4000 08	alvert Road	Month	YES NO X
DECEASED					OF		
(Type or print)	Juli	04	/4/ I.	Palmore	DEATH	Oct	8, 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED	B. DATE OF BRTH		(In yeers IF UNDER 1 birthdey) Months	YEAR IF UNDER 24 HRS.
male	white	WIDOWED [	DIVORCED [	Jan. Il.	1882 70	yrs.	Deys   Hours   Mills
10a. USUAL OCCU	PATION (Give kind of wor f working life, even if retin	k 10b. KIND OF	BUSINESS OR INDUST	RY 11, 8 RTHPLACE	County & State, or foreig	n country) 12, CIT	IZEN OF WHAT COUNTRY?
chemi		food	industry	Marylan		U.	S. A.
13. FATHER'S NAM	NE ~			14. MOTHER'S MA	IDEN NAME	343-1-1-1	
unl	known			unkno	ጌንን		
	DEVER IN U.S. ARMED FO	RCES? , 16. SOCIA	L SECURITY NO. 17.		****	Address	
(Yes, no, or unkown UNKNOWY	)   (If yes give wer or detes of:	service) unkn	our n	Records: 5	PRING CROVE	י מידו א נידוים	TATTOSOL
	OF DEATH [Faler only on-			iecorus: 5	FRENG UNOV:	e state	HOSPTTAL
	EATH WAS CAUSED BY:		Cardiac	6			ONSET AND DEATH
21 5	IMMEDIATE CAUSE (a)	17 < 11	CANDIAE	MAILURE			MINUTES
10	DUE TO		- 0	4.00			
Conditions, if	1	AKT	ERIOS LLTR	0 > ( }		_	
geve rise to imi	The Part of the						iyany.
ceuse lest,	10	CARI	710- VASCUL	AR DIST	ASE		YEARS.
Z PART II. O	THER S GN FICANT COND	ITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE COND	IT ON GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. O							YES NO P
20a. ACCIDENT	T WAS UNDERLYING I	1 20b. DESCRIBE	HOW INJURY OCCUR	D. (Enter nature of inju	ry in Pert I or Pert il of 'te	m 18.)	,
OR CONTRIBUT	ING 📋 CAUSE OF DEATH TIFY MEDICAL EXAMINER	1					
ZOc. TIME OF		}	OCCURRED   200 PI	ACE OF INJURY (Home	, farm, 20f, (City or lo	wn) (Coi	inty) (State)
Hour a.		WhileN	of Whilefe	ctory, street, office bldg		*	
	.m. 19		el work		1000	- C-	71
21. I certif	/1	- Aug 1/2	p h		. m 2.6		.f./., that (I) (we) last
saw the dec	ceased alive onO.s	ZT 8	19	at death occured	at M.A.M. from the	causes and on	the date stated above.
22e. SIGNATU	RE	7	1	ATTENDING	MED. ST	AFF /	22b. DATE SIGNED
///	neld E	News	ery	M.D. PHYS.		YS.	10/8/61
22c, PHYSIC A		E 1 Jen	or cul	22d. ADDRESS	SPRING GI	ROVE STATE	E HOSPITAL
1400000	"GEKMUI)	ELWEIN	SICIN		Catonsvill	Le 28, Lar	yland
	AATION, 236. DATE THE	REOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d, LOCATION	(City, town or count	y) (State)
removal (Spe		1, 1961	Cartersvi	lle		Virginia_	
24 FUNERAL DIREC		01	ADDRESS 67	250	REC'D BY REGISTRAR	256. REGISTRAR'S	
470	Rote	Q The	ne Her	The THE DAT	diana a a a a a	Chilhun	S. Mans
1000		0	A				

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11161 funeral 1. PLACE OF DEATH a. COUNTY by the and 2 s Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in Pages 1 hours after Fort Howard Davs Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 3230 Raverwood letety 3. NAME OF DECEASED OF comple (Type or print) DEATH HENRY 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED B. DATE OF BIRTH lest birthdeyl and DIVORCED MALE WIDOWED July 6 1893 68 physician 10e. USUAL OCCUPATION (Give kind of work remove eve 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (County & State, or fore gn country) done during most of working life, aven if retired) Automobile Mfg Co Baltimore, Maryland Assemblyman

13. FATHER'S NAME please affending John G. Reinhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Louise Wagner Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) , (Ifyes give were rdeles of service) WW-1 Clin Rec the 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] permit. signed by PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (e) burial-transit DUE TO ARTERIOSCIEROTIC HEART DISEASE Conditions, if eny, which (b) certificate has been ruse as the burial-tr gave rise to immediate cause **DUE TO** (a), steting the underlying ៉ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH for Affer this detached 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not While Hour a.m. el work may be retaine DIRECTOR: / 3 should be del 22a. SIGNATURE MED. STAFF PHYS. PHYS. DIRECTOR FUNERAL CO FUNERAL
director, page
be filed with 22d, ADDRESS 22c. PHYSICIAN M.D. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Parkwood Cemetery Baltimore Burial 24 FUNERAL DIRECTOR'S SIGNATURE

ARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM?

YES NO T 19 61 October 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Devs Hours 12. CITIZEN OF WHAT COUNTRY?

VAH Beltimore Md Ft Howard Division ONSET AND DEATH 17 DAYS

(County) (State)

UNKNOWN

PERFORMED? NO

10-16-6.

(State)

SIGNED

VAH Baltimore Md - Ft Howard Division

Marvland 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Illrich Funeral Home

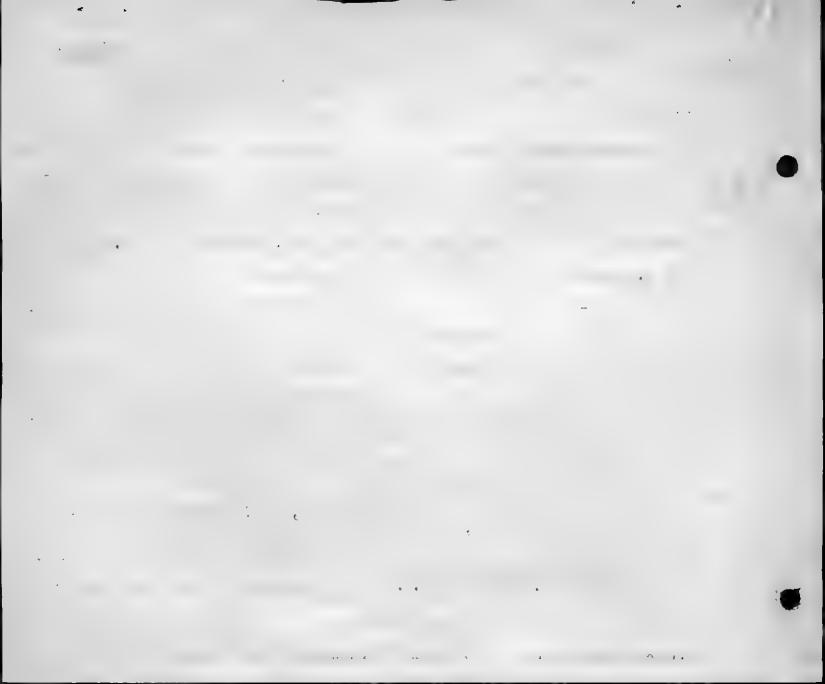
VR A15 (4)

15M 9/60

4210 Belair Road Baltimore Maryland

DATE OCT 1 9 '61

arthur & Kraus



NO L

(Stata)

SIGNED

(Stelle)

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

and þ filled in b completely and phymicimm please Then please ite signed DIECTOR should TO FURINAL page director, VR A15 (4) 15M 9/100



11162

jours after death. Page 4

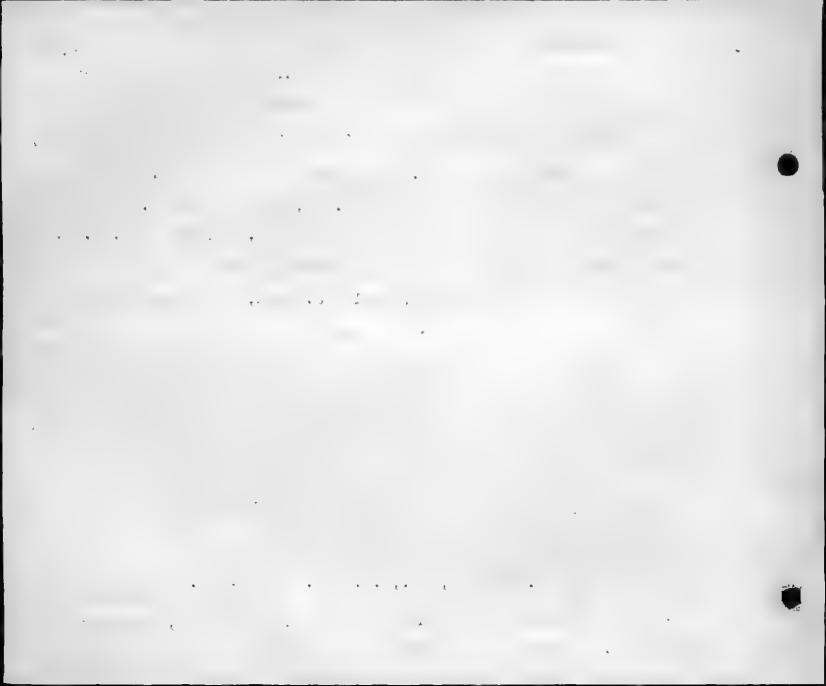
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HIS VR A1S [4] 1SM 9/59

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	^	
K	A.	
	11/4	

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ユニエリセ	CERTITIONIE	DI DEATH		2 4 7 6 6
1. PLACE OF DEATH O. COUNTY Baltimore		UAL RESIDENCE (Where decease STATE Md.	d lived. If institution: Resi b. COUNTY	dence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Baltimore	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate Baltimor		nd give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION RIdgeway Manor	Nursing Home	street address 5108 Sunny La	ne #7	e, IS RESIDENCE ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) Edna	Middle <b>W</b> .	Lost 4. DATE OF DEATH	Month Oct.	19, Year 1961
s sex 6 COLOR OR RACE 7. MAR female white widow		OF BIRTH	lost birthdoy) Month	DER I YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	- W		ountry) 12 (	U. S. A.
13. FATHER'S NAME	14. /	MOTHER'S MAIDEN NAME		
John Watson		Margaret Lam		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) [If yes, give war or dates of service;  NO.		en J. Burn, 6	Address Sunny	Lane #7
PART 1 DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause lost.  (c)	tenoscherotit Ce	netral Vascul	an divost	ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN I	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (Enle	r noture of injury in Part I or Pa	rt II of item 18.)	
Hour o. m. While	factors of	INJURY (Home, form, 20f. (Citreet, office bldg., etc.)	y or lown)	(County) (State
21 I certify that (I) (this haspital) attended the deceased from 1953, to 027/9, 196/, that (I) (we) las saw the deceased alive an 027/17 196/, and that death accurred at 1967, from the causes and an the date stated abave				
220 SIGNATURES Gobie	M.D. P	TTENDING DIRECTOR D	STAFF PHYS.	226 DATE SIGNE
	sbitt, Jr.,M.D.	4 S. Rolling	Rd.	
230 BLR AL, CREMATION 23b. DATE THEREOF CREMOVAL (Spec fy) 10/20/61	23c NAME OF CEMETERY OF CREM Loudon Park C			vland
24 FUNERAL DIRECTOR'S SIGNATURE HOWard H. Hubbard 41	ADDRESS O7 Wilkens Aven	ue DATPCT 23 '61		A .

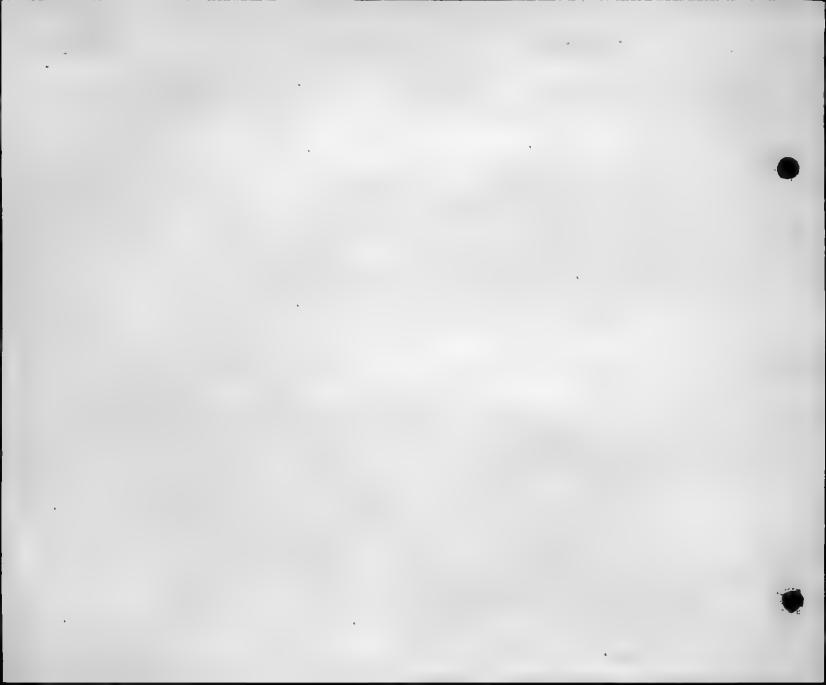


STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) . COUNTY **b.** COUNTY 42 d MARYLAND by th b. CITY OR TOWN (if outside corporate limits. (If outside corporate limits, write RURAL and give aparest town) E. LENGTH OF STAY IN 16 Wars RURAL and give nearest town) filled in Pages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta., a ve street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 5. SEX IF UNDER 1 YEAR IF JNDER 24 HRS. 9. AGE (In years ) jast birthday) Months Hours WIDOWED [ physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pleas and ir INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. | certify that (I) (this hospite!) attended the deceased from Per. 1960, to Det 27, 1964, that (I) (www) last saw the deceased alive on. O.C.T. 19.1., and that death occured at I.P.M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22e. PHYSICIAN'S NAME (Type) Emmett P. 1515 Washington Blvd. Baltimore 30, Davis director, be filed (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 230, BURIAL, CREMATION, 1 236. DATE THEREOF REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



## LAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 7 Film G3042, uscar hesinence Where decessed lived, If Institution, Residence before edmission PLACE OF DEATH e. COUNTY mone maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RES DENCE ON A FARM? arnet YES NO 7 NAME OF M ddle Year Month DECEASED OF DEATH (I ypa or print) 10 19 9. AGE (in years | IF UNDER 1 YEAR F UNDER 24 HRS. pue lest birthday) Monthst Devs D VORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? County & State or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MA MOTHER'S MAIDEN NAME attending pl Ē and Noeden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOC AL SECURITY NO. 17. INFORMANT Address removal, (Yas, no, or unkown) | [Ifyasgivewerordatesofservice)| Marian B same the 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which " has been geva rise to immediate ceusa DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 93 NO Z use 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter insture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ρ 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: attended the deceased from 1965, that (1) (we) last saw the deceased alive 22b. DATE 22e, SIGNATURI ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, lown or county (State) BURIAL, CREMATION, | 23b. DATE THEREOF REMOYAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Timus 15M 9/60 Harrord Kd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY LTIMORE MARYLAND b. CITY OR TOWN (if outside corporele limits. e. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DIUSON IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? YES NO U NAME OF Year Middle DECEASED OF (Type or print) DEATH 1961 AGE (In years (IF JNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS. last birthday) Days WIDOWED [ DIVORCED -12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE County & State, or foreign country) done during most of working life, even if retired) CARPENTER-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 1 17. INFORMANT Address (Yes, no, or unknown) + (If yes give we rondates of service) KECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. **AUTOPSY** PART II. OTHER SIGNIFICANT CONDITION PERFORMED? NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work et work to Octobel 1961, that (1) (well last 21. I certify that (I) (this hospital) attended the deceased from I and that death occured at A.R.M., from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNAFURE ATTENDING I PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, fown or 23s, BURIAL, CREMATION, I DATE THEREOF OF CEMETERY EMOVAL (Specify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE NOV 2 61 Chilung S. Florida FEINERAL-DIRECTOR'S, SIGNATURE DATE

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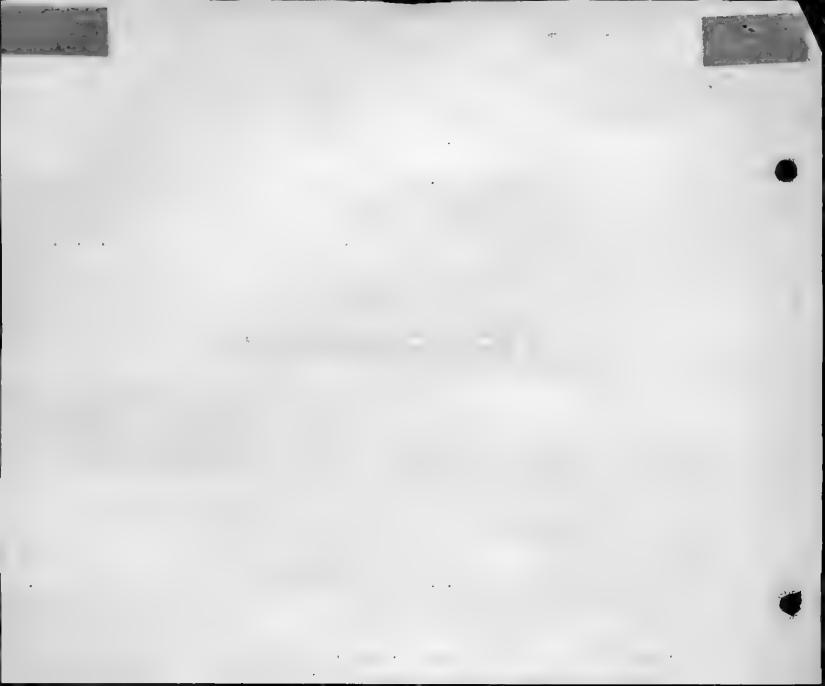


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY . STATE b. COUNTY Baltimore ₹ <sup>7</sup> MARYLAND Maryland Baltimore b. CITY OR TOWN (if pulside corporate Limits. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Fort Howard 5 Days Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO T Veterans Administration Hospital 212 Parkwood Road completely 3. NAME OF , 4. DATE DECEASED OF (Type or print) DEATH 19 MATLLITW RYAN October 16. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) and Months Dave Male WIDOWED & DIVORCED [ December physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if ratirad) Engineer Power House Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl .⊑ Pue MN: Unknown Samuel Ryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Then Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (Ifyas give war or datas of service) 212-10-2184 Fort Howard Division 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BILATERAL TUBERCULOSIS, PULMONARY, WITH CAVITATION IMMEDIATE CAUSE (a) LUNG AND TUBERCULOUS PNEUMONTA UNKNOWN (b) gave rise to immadiate causa DUE TO (a), stating the undarlying certificate ha PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO F 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, straat, office bldg., atc.) While Not Whila Hour a.m. at work at work may be retain DIRECTOR: 22a. SIGNATURE ATTENDING S.GNED 10/9/61 DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Typa) VAH BALTIMORE 18 MARYLAND, FT. HOWARD DIV. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e. BUR.AL, CREMAT.ON, 236. DATE THEREOF REMOVAL (Spacify) Baltimore County, Maryland 5 3 Gardens of Faith 0 Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Wm. Cook-Blight Inc. 6009 Harford Rd. Balto. 14 PATRICT 1 0'61

YR A15 (4) 15M 9/60

Md.



TO X CITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertively within 24 hours after seath. Page 4 may be retained by the hospital or attending physician.

Yes a clearly Page 4 may be retained by the hospital or attending physician. The physician and completely filled in by the funeral or integrated by the filled in by the funeral or integrated by the funeral or integrated by the funeral or integrated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

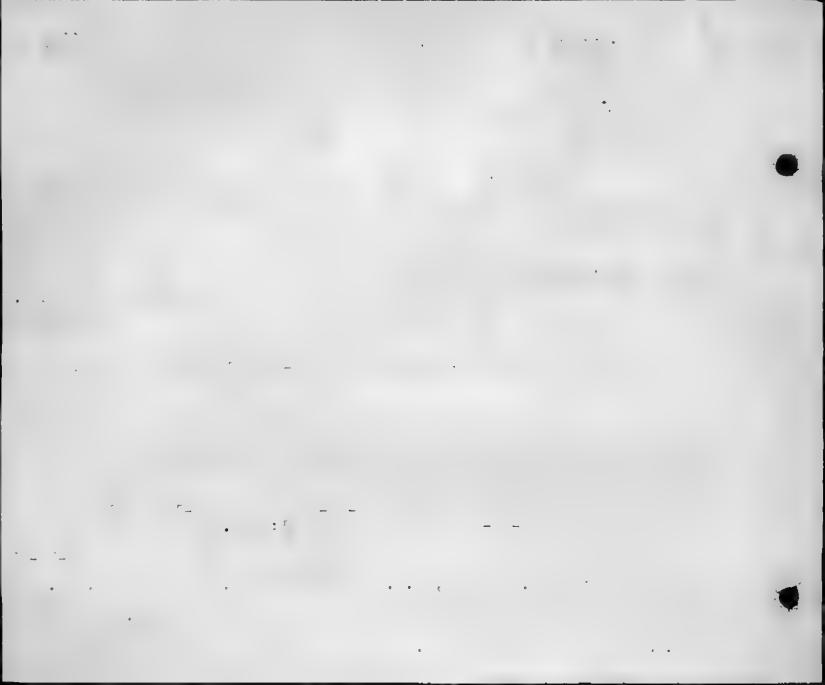
within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11169
CERTIFICATE OF DEATH

711.	1.1.2.00	
1	1. PLACE OF DEATH  •. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)  e. STATE Maryland  b. COUNTY  Baltimore
~	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give necrest town)  Reisterstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Reisterstown
5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Kemp Road	d. STREET ADDRESS  Kemp Road  On a Farm?  YES \( \text{NO} \)  NO \( \text{S} \)
	3. NAME OF First Middle DECEASED (Type or print) Henry A. Schaefer	4. DATE Month Doy Year October 12, 1961 19
	Male White WIDOWED A DIVORCED   13	DATE OF BIRTH  10 V. 16, 1876    9. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.     Months   Days   Hours   Min.     Min.   Min.   Min.   Min.   Min.     Min.   Min.   Min.   Min.   Min.   Min.     Min.   Min.   Min.   Min.   Min.   Min.   Min.     Min.
	done during most of working life, even if relired) Retired Farmer	Maryland  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U.S.
	13. FATHER'S NAME Henry C.Schaefer	14. MOTHER'S MAIDEN NAME Annie Walters
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	No   211-30-4007   001	in Taward Schnefer, Kemp Road, Reisterstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Uremia	ONSET AND DEATH 5 days
	Conditions, if eny, which geve rise to immediate cause (e), steling the underlying esuse lest.	c Cardio-Vascular Disease years
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO
Δ	OR CONTR.BUTING CAUSE OF DEATH	(Enter neture of 'njury In Part I or Port II of item 18.)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stefe) bry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	death occured 11.30, flow the causes and on the date stated above.
		ATTENDING MED. STAFF SIGNED 10-13-6
	PHYSICIAN'S NAME (Type) Martin E. Strobel, M.D.	48 Main St. Reisterstown, Md.
0	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) Oct.15, 1961 All-Saints Co	D : 1 301
6	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.F. Tline & Sons, Reisterstown, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 17 '61 Chilum L. Huma



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) a. COUNTY **b.** COUNTY 4 p Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) by Write RURAL and give neerest town) Catonsville-Paradise & Attamont Bal timore filled d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Grantley Street Paradise Nursing Home completely papers. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 Blanche Schmoll withi carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years IF JNDER 1 YEAR pue lest birthday) Months Deys Hours Female WIDOWED IX DIVORCED Yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife U. S. A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .6 aftending William R. Roberts Evans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Mrs. Katherine Newman-1230 Stevens Avenue the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY. signed IMMEDIATE CAUSE (a) DUE TO peen : Conditions, if any, which gove rise to immediate cause **DUE TO** (a), sletting the underlying certificate has by couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 2 NO E prior 206. ACCIDENT WAS UNDERLYING [7] + 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part | or Part | of stem 18.) ģ OR CONTRIBUTING CAUSE OF DEATH be retained by the CCTOR: After this defached 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.1 While Not While Hour a.m. st work et work 4 may be retaine.

DIRECTOR:

3 should be det 21. I certify that (I) (this hospital) attended the deceased from.. 2. 10 ....19 ... saw the deceased alive on... 22b. DATE 22e. ATTENDING 51GNED page 3 s with the DIRECTOR PHYS. PHYS. AA D FUNERAL 22d. ADDRES: director, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 Burial Olivet Cematery Baltimore, Maryland ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) anthun S. Krous 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

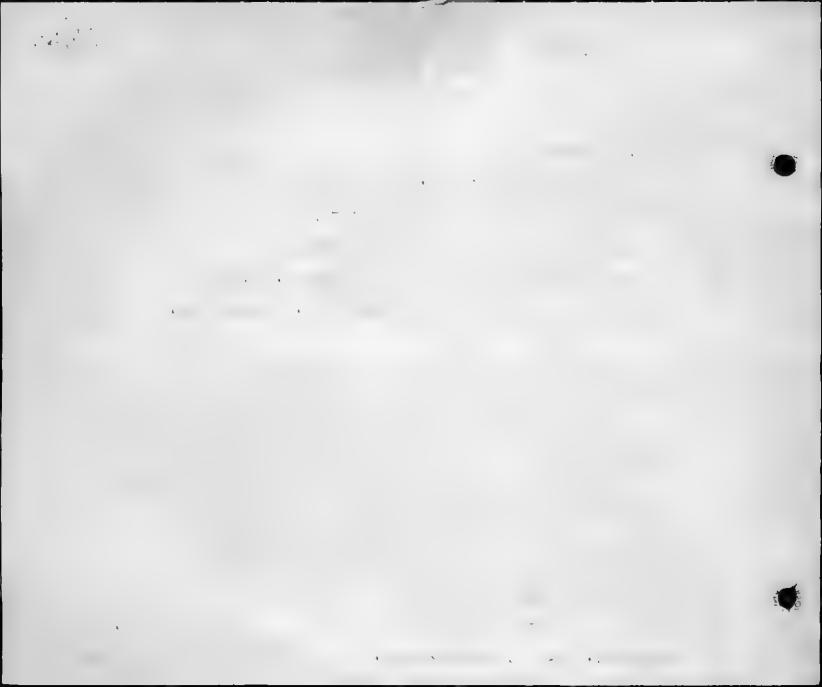


Division of STATISTICAL RESEARCH EET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, if instillution, Residence before adm.ssion) S to the funeral director, Page be retained for your face in the State Board of Health flee death. a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) we ta RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RES.DENCE ON A FARM? YES NO 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE . MARRIED NEVER MARRIED with 5. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ge 5 may t and 2 with 72 hours a last birthday) Hours Months Days DIVORCED X WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 18, Give Pages 1, 2, h form PM3. Page 5 mil. File pages 1 and v eyent, within 72 1 dona dupag most of working lifa, aven if retired) Dine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. with for permit. I (Yes, no, or unkown) ! (If yes give war or datas of servica) : 18. CAUSE OF DEATH [Enter only one cause po/ ine for (a), (b), and (c),] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Office **DUE TO** removal, Conditions, if any, which (b) geve rise to immediate cause Œ Examiner's DUE TO (a), stating the undarlying eg SS pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex PAJURA OCCURED, (Entar nature of insury In Part I or Part II of Itam 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL WITH PARTY OF THE CHIEF WITH CALOR: Page 3 sh CAL 208, HOJURY OCCURRED ( 200, PLACE OF INJURY (Home, ferm, , 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (State) fectory, street, office bidg., etc.) Not While While MEDI Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection and in my opinion forwarded L DIRECT Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country (State) REMOVAL (Specify) 240 p 0 & Uhla 23. JUNERAL DIRECTOR 240. REC'D BY REGISTRAR I 248. REGISTRAR'S SIGNATURE VS. A15ME 11 1 1 8 Kraus chondard 5M 9160

VARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT **DIVISION OF STATISTICAL RESEARCH** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete l'm.ts, LENGTH OF STAY IN 16 comporate limits, write RURAL and give negrest town) Write RURAL and give nyerest jown), Parkvi Parkvi .≘ 事 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Beverly Road YES NOT K papers. NAME OF Middle DECEASED OF cotney (Type or print) DEATH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED PANEVER MARRIED lest birthdey) | Months and Hours WIDOWED [ DIVORCED emale physician Ma. USUAL OCCUPATION (Give kind of work . 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stat , or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewite please attending , WAS DECEASED EVER IN U.S. ARMED FORGES? | 16, SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyasgive war or detas of service) lan. the Herbert same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying ceusa last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE certificate PERFORMED? NO use prior 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. Harter nature of injury in Pert I or Part I of item 18. detached for DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.] Not While While Hour a.m. at work at work 21. I certify that (1) (this hespital) attended the deceased from. plnods saw the deceased alive on... ... 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) TO FUNE director, p 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) burra 24 FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE arthur & House



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) CaTonsville Bal Timor e d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? Pines Nursine d Con Valescen touse in The 1442 HauberT YES TI NO D NAME OF Middle DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HauberT ST. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 19. C.I., that I last sow the deceased , and that death occurred at M. M. from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, town, or county) (Stote) REMOVAL (Specify) New CaThedral 23. FUNERAL DIRECTOR'S SIGNATURE 24n. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Hame Inc. 1501 E. FORT AVE DANON S

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VS A15 (4) 15M 10/57

charles L. STEVE



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28	-	Bolt	imore		M/S	RYLAND	a. STATE			b. COUNTY	/		
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find hief 3 3 3 buris		2Dc. TIME OF NUE	RY Month, Day		INJURY OCCURR		CE OF INJURY (Home			$_{\rm ln}$ t	(County)		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
a. STATE Maryland Baltimore
E. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)
Arbutus 27
d STREET ADDRESS  D. IS RESIDENCE ON A FARM?
1212 Poplar Avenue
Last 4. DATE Month Day Year
Stoetzer October 18 1961
8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
October 24,1883 77 yrs. Months Days Hours
RY 11. B RTHPLACE (County & State, or fore-gn country) 12. CITIZEN OF WHAT COUNTRY
Baltimore, Md U.S.A.
14. MOTHER'S MAIDEN NAME
unknown
INFORMANT Address
Richard F. Stoetzer, 1212 Poplar Ave
INTERVAL BETWEEN
morrhage 10 days
unknown
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
D. (Enter nature of injury in Parl f or Part II of Item 18.)
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ctory, straet, office bldg., etc.)
12-6.56, 19 , to 10-24-61, 19, that (I) (we) las
t death occured at
22b. DATE
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 70.20.60
22d. ADDRESS
22d. ADDRESS
OR CREMATORY 23d. LOCATION (City, town or county) (State)
206 South Gilmore Street, ZONE 23

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FUNERAL DIRECTOR:

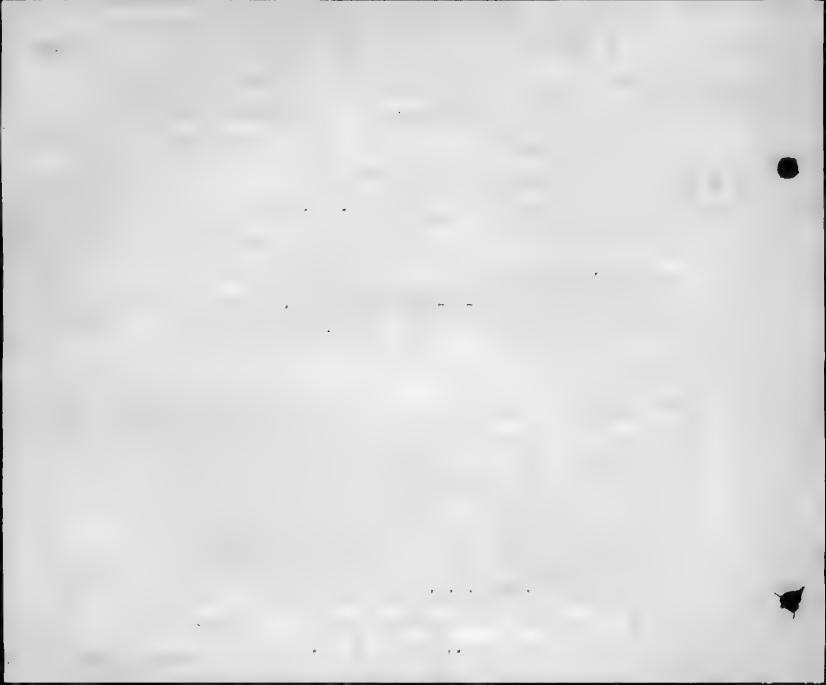
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) s funeral director. Page famed for your files. State Board of Thaith, e. COUNTY is necessary, lirector. Page ь, соинду Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (if outside corporeta limits, e. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town) write RURAL and give nearest town) 22 Dundalk Dundalk vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddrass) TREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B Ventnor Terrace Ventnor YES TO NO TO NAME OF DATE Middle DECEASED OF (Type or print) DEATH October 10th.19 BERNARD  ${f VIRGIL}$ STRADTNER may be 2 with 6. COLOR OR RACE T, MARRIED TO NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Feb.7th.1902 WIDOWED [ DIVORCED T and 2 male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Welder Steel USA Indiana pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C.Stradtner Alma Cobble 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyesgive werordeles of service) регші 0.Stradtner -09-1819 Florence same 18. CAUSE OF DEATH | finter only one cause for line for (e), (b), and (c). INTERVAL BETWEEN along ONSET AND DEATH " in pencil in Office along burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO 92 (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, remain NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, Venier natura of injury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or lown) (State) -factory, street, office bldg., etc.) While Not While at work / at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry 1 and in my opinion Homicide Undetermined manner death resulted from Natural causes Accident Suicide: CHIEF MEDICAL EXAMINER ACTUAL U DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 10/11/61 Melvin B. Davis, M. D. NAME (Type) Addrass (Streat, city, town, or county) 22a. BURJAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slata) REMOVAL (Specify) 240 p Meadowridge Memorial Burial Dorsey 246 REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md DATE OCT 13'61 VS. A15ME

AARVLAND STATE DEPARTMENT OF HEALTH



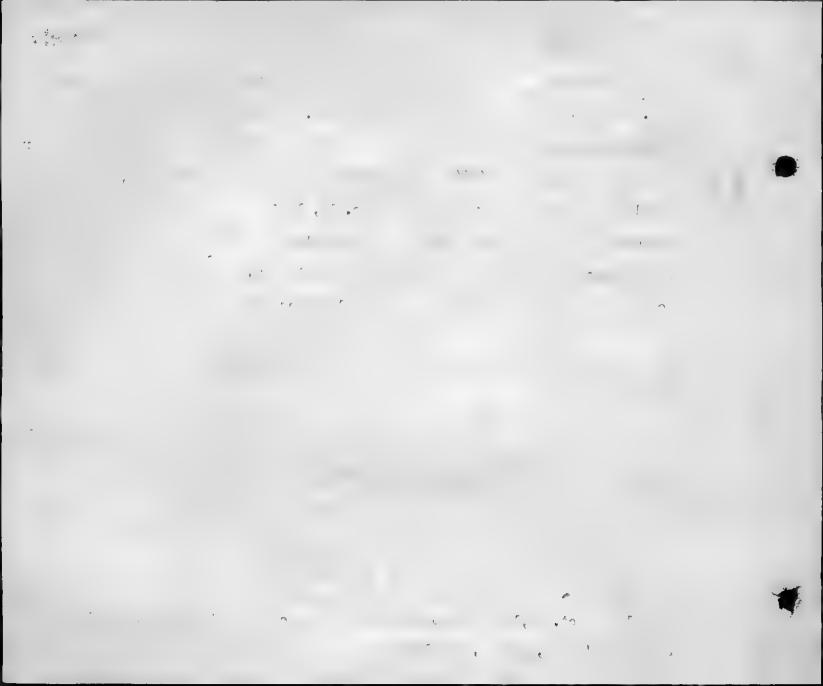


## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF, DEATH

	Item 8 Film G297	10/21/61 mh		TTT TOIL
1. PLACE OF DEATH  e. COUNTY		2. USUAL RESIDENCE (Where de		Residence before edmission)
Baltimore	MARYLAND	* STATE Maryland	b. COUNTY	Baltimore
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 15	c, CITY OR TOWN (If oulside corps	orele limits, write RURAL er	nd give neerest town)
write RURAL end give neerest town)		Mt. Washington	0	
Mt. Washington d. NAME OF HOSPITAL OR INSTITUT ON (if no	de la la la la diagrafia de la constanta de la	d. STREET ADDRESS		i e. IS RESIDENCE
	or the number lett, if was street educatess)			ON A FARM?
1218 Lake Avenue		/1218 Lake Avenue		YES NO
3. NAME OF First DECEASED	Midd e	Lest 4. DATE	Month	Dey Year
(Type or print) ANN IE	FISPAN Fishpaw		October 15	, 19 <b>61</b>
5. SEX 6. COLOR OR RACE 7.			AGE the years IF UNDER	
Female White w	VIDOWED DIVORCED T	ec. 11, 1873	[ast birthday]   Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR'	Y, 11. BIRTHPLACE (County & State, or		TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Manual and		USA
Housewife_	Own Home	Maryland  14. MOTHER'S MAIDEN NAME	İ	UDA
io. Mine a name				
John_Fishpaw		Sally King	<del></del>	
<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (Ifyesgive war or detes of servi-</li> </ol>		NFORMANT	Address	
NoNone	None F	emily Records		
18. CAUSE OF DEATH [Enter only one cau	use per line for (e), (b), end (c).]	•		INTERVAL BETWEEN ONSET AND DEATH
PART J. DEATH WAS CAUSED BY: JAMED ATE CAUSE (a)	,	Chronic Myoc	antilic	ZMOUS.
DUE TO		LA VILLE	206114	
C-100 / 1		Antha Lalera	ele	5115.
geve rise to Immediate cause		-17/19/ 0.0/07.83	1/5-	
(e), sletting the underlying DUE TO				
cause lest. (c)			AND TO LEGISTAL THE SAME	TALLIAN WAS ALITOREY
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	PERFORMED?
5				YES NO
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II	of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Z 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm, 20f. (City	or town) (Co	(ctet2) (ytnu
20c. TIME OF INJURY Month, Day, Year Hour e.m. 19	While Not While factor	ory, street, office bidg., etc.)		
		Matine unda	Not within	11
21. I certify that (I) (this hospital)	~ 24	- 44		6.1., that (I) (we) last
saw the deceased alive on N.C.		death occured at p.M., from	the causes and on	
220. SIGNATURE	00	ATTENDING MED.	STAFE	22b. DATÉ SIGNED
Duenst. The	Ce Mil M.	DIRECTOR	PHYS.	
22c. PHYS CIANS NAME (Type)	1 4111 117	22d ADDRESS 1331 Re	eisterstrum	RX
Infine (1990) James	MINELIAIE	2 Pikesy	:118-8.M	χ.
230. BUKIAL, CREMATION, 236. DATE THEREO	F 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCA	TION (City, town or coun	ly) (Stele)
Burial Oct. 18.1		dist Cemetery Co	ckeysville,	Marvland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		RAR 256, REGISTRAR'S	
		DATE OCT 1 9 '61		
John Burns' Sons, To	weon, rarytand	DATE DEL 1 2 01	arthur S.	/ Ceated

VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	1. PLACE OF DEATH a. COUNTY	Baltimo	ore	MARYLAND	- 11	USUAL RESIDENCE a STATE	Maryla	and b. COUNT	Y Balt	timore	9
	RURAL and give ned	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Halethorpe  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				E. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Halethorpe					
	d. NAME OF HOSP.TA OR INSTITUTION	AL (If not in haspital, 9 4506 POI	ive street address)			d. STREET ADDRE	ss Lar Ave				IDENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	LYDIA W	AYLOR	Middle		Lost	4. DATE OF DEAT	Oct.	1,196	L .	Year 19
1	Female	White	7. MARRIED N	DIVORCED	S€	ept.12,1		9 AGE (In year los hirthday)	Manths Do	EAR IF UNDE	Min.
1	10a. USUAL OCCUPATIO during mast af warki HOUSEWIF			ome		Canada  MOTHER'S MAIL	ì	cauntry) .		NOF WHAT C	OUNTRY?
		Springst	ead		'			cIntosh			
ŀ	15. WAS DECEASED EVER				INFOR				dress		
	140	' 'h 'h 'h 'h 'e ' '			W11	liam W.	Taylor	,4506 F	oplar'	Ave.	
	PART I. DEAT    5 4/ X    Canditions, if an gave rise to in cause (a), stating the typing cause last	he under-	Ca	rel		ma G	To the	elu ula	ndi.	ONSET AND	The same
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 1								AUTOPSY RMED?			
I		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (E	nter nature of inju	ry in Part I ar P	art II of item 18.)			
	Y 20c. TIME OF INJURY Hour a. m p. m.	' Manth, Day, Yee	While Nat	CCURRED 20e. while vark	PLACE factory	OF INJURY (Hame , street, affice bldg	, farm , 20f (Ci g , etc )	ity ar tawn)	(Cou	inty)	(State)
	saw the decease	(I) (this hospitaled alive an	attended the	deceased from	n t deal	h occurred at	, 1% 1.to			that (I) ( late stated	
	22a SIGNATURE	2 Bi	eenf	rough	[M.D.	ATTENDING PHYS.	MED DIRECTOR [	STAFF PHYS.		19	SIGNED
	22c. PHYSICIAN'S NAME (Type)	3 13 132	upa	baug	6	22d. ADDRESS	7600	1 pre	7/1	\$	
	23d BLR AL, CREMATION REMOVAL (Specify) Buria	1 10/5/6		ME OF CEMPERY		NEMATORY NETERY		Arion (City, town	**	(State	,
	Howard H.	Hubbard,	4107 W1	oress lkens A	ve,		REC'D BY REGI	STRAR 256, REC	GISTRAR'S SIGN	ATURE	

Certing & France

DATECT 3

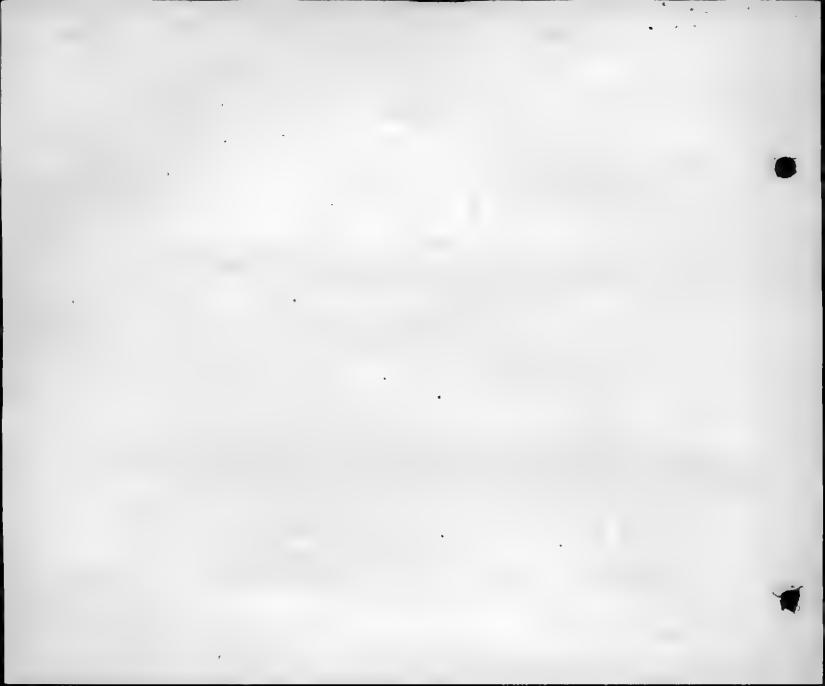
urs after death. Page

may. Tekained by the hospital ar ottending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Bages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the death

AL THE ETTENDING MHYEICIAN: The law requires that the leath certificate be executed within

VR A15 [4] 15M 9/59



- wkwwart & Mowen Co.-& 9. tele, me c funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY **6. COUNTY** Baltimore 후유 MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate firm ts. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Abt-5 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) Towson e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Dulaney Valley Road. COLLEGE NAMOR YES NOX X 3. NAME OF 4. DATE Middia DECEASED (Type or print) DEATH ARMHITER EDGAR. October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthday] WIDOWED XX DIVORCED Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Heating Equipment U.S. New York 13. FATHER'S NAME attending ph Then please r A. MOTHER'S MAJDEN NAME John T. Thain Sarah E. Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyasgivawarordatesofsarvice) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (y), and (g) W.E. Thain (son) Charlotte 9, N.C. PART I. DEATH WAS CAUSED BY PNEUMONIA, RICHT BIASE CEREBRAL-VASCULAR THROMBOSIS Conditions, if any, which gava risa to Immadiata causa GENERALIZED BETERIOSELEROSIS (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A JTOPSY MYOPATHY, ETTOLOGY UNDETTERMINED NO F 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED. (Enfer natura of in ury in Part I or Part I, of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 2Da, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) factory, streat, office bldg., atc.) While Not While at work at work DIRECTOR: 21. I certify that (I) (this point) attended the deceased from. JULY 1957, to OCT 19..., that (I) ( last saw the deceased alive on OCT 19... 1961, and that death occurred 2.2M, from the causes and on the date stated above. 22a. SIGNATURE D RECTOR PHYS. 122d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 206 W. Penna. Ave., Towson 4, Md. T. C. Siwinski, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Woodlawn "oodlawn, "Id. burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Stewart & Mowen Co., 108-"-North-Av Balto. 1,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH



death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, will in 72 hours after death.

VR A15 (4) 15M 9/60

56°h

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11797 CERTIFICATE OF DEATH 1173 11184

a. COUNTY				na Residenca before edmission)
E Haltimore	RYLAND a. STATE	Maryland	b. COUNTY	Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF	STAY IN 16 C. CITY OF	TOWN (If outside corpor	ate limits, write RURAL	and give neerest town)
write RURAL and give neerest town) Catonsville		Catonsvill	.e	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e	ddress) d. STREET	ADDRESS		a. IS RESIDENCE ON A FARM?
11 S. Belle Grove Road		11 S Belle	Grove Re	oad YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE	Month	Dey Year
(Type or print) Ethel	Turner	OF DEATH	October	7 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED X B. DATE OF BIRT		AGE (In years IF UND	
Female   White   WIDOWED   DIVOR	co 🗆   October		last birthday) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	OR INDUSTRY   11. BIRTHPLA	CE (County & State, or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?
Director of Instructing Vis	siting Live	rpool, Eng	cland	U.S.A.
13. FATHER'S NAME NUrses Assoc.	14. MOTHER'S	MAIDEN NAME	·	
Williamm George Turner	Rebe	cca Haynes	5	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY	NO. 17. INFORMANT		Address	-
(Yes, no, or unkown) (Ifyesgive war or detes of service) 312-32-49	ola Mrs R.	Dorsey Wat	kins S	Same
18. CAUSE OF DEATH (Enfer only one cause per line for (e), (b), on		Dor soj wat	MINO	INTERVAL BETWEEN
	metastares.	Commission	al brand	ONSET AND DEATH
IMMEDIATE CAUSE (a) LECCUL A		Castos		7-7-4
gave rise to Immedieta ceuse				
(a), stating the underlying DUE TO				
cause lest. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI	ATH BUT NOT BELATED TO T	WE TERMINIAL DISEASE CO	SMRITION GIVEN IN B	APT I(a) 10 WAS AUTOPSY
PAK) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	AIN SOL NOT KECATED TO	HE TERMINAL DISEASE CO		PERFORMED?
5			1 %	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI  200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUI  OR CONTRIBUTING 20AUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	RY OCCURED. (Enter nature of	injury in Part I or Pert II o	it ilem 16.)	
ZOC. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRE	D   20e, PLACE OF INJURY (	dome, farm, 1 20f. (City of	or town) (6	County) (Slate)
Hour s.m. WhileNot While_	factory, streat, office		·	
	10-7-14	7.8., 19, to.6	Sel 7	10 £ 1
21. I certify that (I) (this hospital) attended the decea				19 <b>6.</b> I, that (I) ( <del>wo</del> ) last
	, and that death occur	ad atZ:.Z.f.M, 'from	the causes and o	n the date stated above
220. SIGNATURE	ATTENDIN	MED.	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	22d. ADD	RESS	D- 7 C+	
NAME (Type) Dr. John A. Nesbit	5t	1118 St.	Paul St	•
	CEMETERY OR CREMATORY	23d, LOCAT	ION (City, fown or co	unity) (Siele)
Burial 10-12-61 Orle	eans	Orlea	ans, Cape	Cod, Mass.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25. REC'D BY REGISTR	AR 256. REGISTRAR	'S SIGNATURE
John O. Mitchell & Sons, Inc.	1900 Eutaw	DATE DEL 13 6	arthu	1 S. Kines

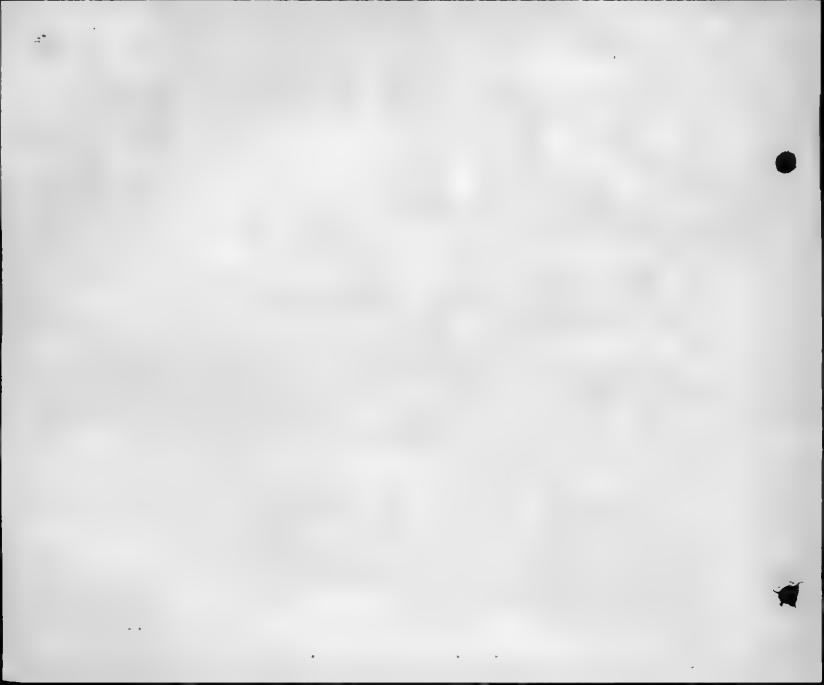


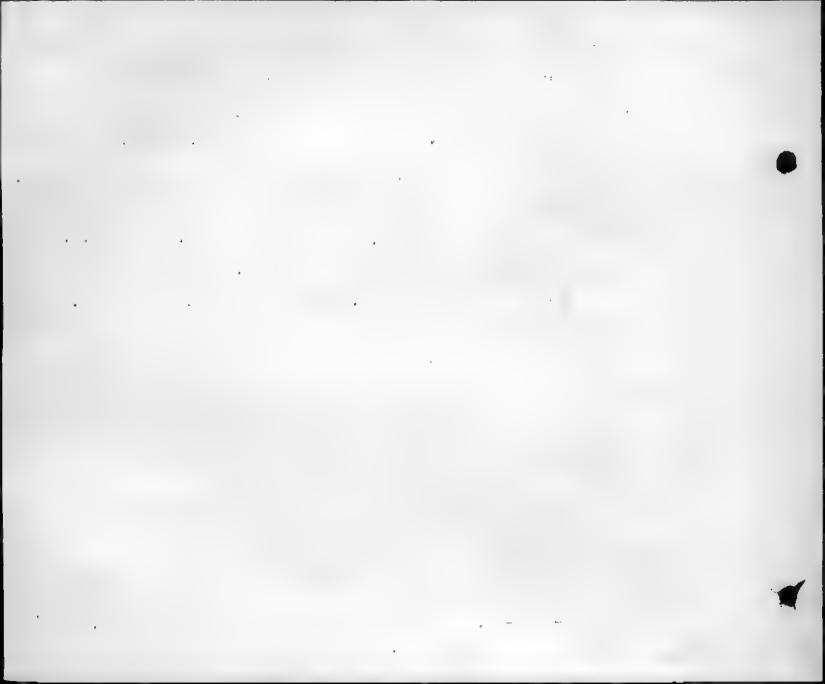
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11185 4 should be cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Baltimore b. COUNTY Baltimore o. STATMaryland MARYLAND buriol, b. CITY OR TOWN Its outside corporate limits, write RURAL & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk vears Dundalk ٥ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Holabird Avenue YES NO NO 6903 Holabird Avenue NAME OF Middle DATE DECEASED (Type or print) DEATH October 18th 1961 for 5. SEX IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. the fast birthday) retained 2 with the Months Hours WIDOWED IX DIVORCED | 10.1882 emale white YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup during most of working tife, even if retired) USA Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy George Kirschenhofer Mary Reinhardt 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 William Uphoff same as #2 no none PM3 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wree olong with for buriof-tronsit p **DUE TO** Conditions, If ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. "pending" in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY S PERFORMED? NO I 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Medical Page 3 st factory, street, office bldg., etc. o. m. Not while at work of work p. m. Inspection Inquiry and find that 21. I certify that I took charge of the remains described above, held an Autopsy 🔼 certificate, writing to the Chief A.A. DIRECTOR; P. death resulted from: Natural causes Accident ... Suicide . Undetermined cause Homicide 1 DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL 8 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER -220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Buria Oak Lawn Cemetery Baltimore Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md oger 2 0'61

Orthur & Thous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55





Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND 12 Frim GAUU USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admiss on! 1. PLACE OF DEATH a. COUNTY 6. COUNTY BULLET 29 director. Page delay is necessary, files MERVIAND b. CITY OR TOWN (if outside corporala I mits, c. LENGTH OF STAY IN 16 outsida corporata limits, writa RURAL and give mairest lown) YOUR write RURAL and to va nearast town). Board ō d. NAME OF HOSPITAL OR INSTITUTION (If not d. STREET ADDRESS o. IS RESIDENCE to the funeral be retained State YES NO K death NAME OF Middle DECEASED Nicholas (Typa or print) Vasich DEATH October 31 WIT: 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR. IF UNDER 24 HRS. age 5 may be 1 and 2 with 72 hours af ould be executed within 24 hours after deat in pencil in Item 18, Give Pages 1, 2, and 3 Brithday) Months Dec. 6. 1892 Male WIDOWED [ DIVORCED 10s. USUAL OCCUPATION (G.va kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? with form PM3. Page done during most of working life, even if retired) Violin Maker Zvornik, Yugoslavia Se6 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher Vasich Draga Lukich 9 This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ; (Ifyesgivawarordalesofservice) permit. Lucille Vasich-701 Cliveden Rd., Pikesville, Md. TIO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Examiner's Office along e used as a buriel-fransit in whom or removal, and in 30 min. PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave sise to immediate cause "pending" DUE TO (a), stating the undarlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? 8 execute the certificate, writing the word none Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. none none should be forwarded to the Chief FUNERAL INRECTOR: Page 3 EDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Whila Not While 2 Hour a.m. none at work at work none none prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K. Inquiry X and in my opinion agent, death resulted from: Natural causes X Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER D. D. Copples designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 11-3-61 DEPUTY MEDICAL EXAMINER \* EXAMINER'S D. D. Caples, M. D. , 6 Hanover Rd. Reisterstown Md. plnods NAME (Type) 22b. DATE THEREOF please 4 shoul 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 228. BURIAL, CREMATION, (Stata) REMOVAL (Specify) Moreland Memorial Cemetery Baltimore, Md. Ö ò ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Armacost, 4600 Orthur & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

NO E

(Slate)

1961



FOR STATE HEALTH DEPT. TO LEVITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

> VS. A15ME 5M 9 60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

	1	7199 WEI	DICAL	EXAMINER'S	CERTIFICA	TE OF DEAT	H	11177			
1	PLACE OF DEATH			-1tem-/-111	2. USUAL RESIDE			sidence before admission)			
Ł	Ba	ltimore		MARYLAND	. STATE Mar	yland b. '	COUNTY				
1	b. CITY OR TOWN (i write RURAL and	f outside corporete I.mi give neerest town)	its,	c. LENGTH OF STAY IN 16		(If outside corporate limits	, write RURAL end	giva nearest fown)			
1_	Catonsville				_	Baltimore					
		ral or institution ( <b>9 Westshir</b> i		pitel, give streat address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?			
-	NAME OF	7 WES COLLET				6Biddle Stre		YES NO			
3.	DECEASED (Type or print)	III.I.		Middle	Vèssel	OF	Month	Day Yeer			
5.	SEX			DEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		28 19 61.			
1	Female	Colored	WIDOWE			last birth		eys Hours Min.			
10	. USUAL OCCUPATI	ON (G.ve kind of world	10b. K	IND OF BUSINESS OR INDUS		5,02 59	1 12. CITIZ	EN OF WHAT COUNTRY			
d	ona during most of wor House	rking life, even If retire W 1 1 C	d)			re. Maryla					
<i>i</i> —	, FATHER'S NAME			-	14. MOTHER'S MAIDEN		1				
	Rodg	er Brooks	3		Lillian	Sides					
	WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT	Ac	Idress	_			
"		, avg r a wor or darago;	2	18-30-6100	Alfred Co	leman 3107	Philps	Lane			
-			cause par l	na for (e), (b), and (c).]	•			INTERVAL BETWEEN			
	PART I, DEATH	MAS CAUSED BY	Hype	rtensive Card	iovascular D	isease.		ONSER AND DEATH			
	44	3 DUE TO									
	Conditions, if any	147									
	(e), stating the ur	PLIE TO									
-	cause last.	J (c)	TIONS CON	TR.BUTING TO DEATH BUT N	OT BUILD TO THE TERM	INAL DISTASS CONDITION		1			
CERTIFICATION							N G.VEN IN PART 1	PERFORMED?			
	200. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	Ob. DESCRI	BE HOW INJURY OCCURED.	(Entar natura of injury in Pa	art i or Part II of Itam 18.)					
MEDICAL	20c. TIME OF INJUI	RY Month, Dey, Ya	er 20d. I While		ACE OF INJURY (Home, far clory, street, office bldg., et		(Court	y) [Stete] —			
MED	Hour e.m.	19		el work							
	21. I certify th	at I took charge o	of the rem	ains described above, h	eld an Autopsy	Inspection,Ir	iqu'ry 🛣,	and in my opinion			
	death resulted for	rom: Natural ca	uses X,	Acydent . Sui	cide 🔲, Homicide	Undetermine	ed manner				
	ACTUAL /	2/1	c		CHIEF MEDICAL						
	SIGNATURE _	Laves	9 - 1	etty	M.D.	DICAL EXAMINER		DATE SIGNED			
	EXAMINER'S NAME (Type)	Charles S	S. Dat	to M. D	DEPUTY MEDICA			10/29/61			
22	. BURIAL, CREMATIO			220 NAME OF CEMETERY C		22d. LOCATION (City,	lown, or country)	(State) ""			
1	REMOVAL (Specify) Burial	Nov.2.	1961	West Chane	1 emetery	Westmini	ster.Man	rvland			
	. FUNERAL DIRECTOR	1		ADDRESS	24e. RE	C'D BY REGISTRAR   24b.	REGISTRAR'S SIG	NATURE			
	Arlington	. Phil	Lips	1808 W.Monr	oe St. DATE NO	)	Chillian & H	caula			



EET, BALTIMORE 1, MARYLAND

OF SIMIISTICAL	Mrschrott Wide	MEGOKDS, 1	SOI AS	FICESIOIA	-
11100	CERT	FICATE	OF	DEATH	

		1189	CERTIFICATE	OF DEATH			1117	8
	1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where dacease	d lived, If Institution	Residence before	edm ssion)
1	Baltimore		MARYLAND	Maryland		D. COOM1	Dorchest	er [/
		outside corporete l'mit give necrest town)	s, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	foutside corporete l	imits, write RURAL	and give neerest to	wr)
	Fort Howard		64 Days	Cambridge		1.		
· W	d. NAME OF HOSPITA	AL OR INSTITUTION (	f not in hospitel, give street address)	d STREET ADDRESS				RESIDENCE
1	Veterans Ad	lministrati	on Hospital	Arcade Ap	artments		YES	
	3. NAME OF DECEASED	First	Middle	Last	4 DATE	Month	Dey Ye	er
M	(Type or print)	LAIRD	H.	VINTON	2000000	ctober	10 19	61
1	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED   8	. DATE OF BIRTH		(In years   IF JNDE		R 24 HRS
	Male	White	WIDOWED DIVORCED A	pril 17,1889		yrs.   Months	Deys Hours	Min.
	10a. USUAL OCCUPATION of work	ON (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (Coun	ty & State, or fore.g	n country)   12. C	ITIZEN OF WHAT	COUNTRY
	Machinist		Machine shop	Cambridg	e, Maryla	nd.	U. S.	A
	13. FATHER'S NAME		-	14. MOTHER'S MAIDEN	NAME			
	Edward P. V	/inton		Eldora Bromw	ell			
	15. WAS DECEASED EVE (Yes, no, or unknown)   (If		CES? 16. SOCIAL SECURITY NO. 17.	Tinical Reco	rds.VAH.	Baltimore	18. Mar	vland
	Yes	WW_I	Only ART CORPA	ORT HOWARD D				
			ceuse per line for (e), (b,, end (c).)				ONSET AND	
	PART I. DEATH	WAS CAUSED BY:	DECAROTTO CARO	THOMA TEERN T	THEFT CHATT	MINITA CON A COM	C TENTECHT	TALL

BRONCHOGENIC CARCINOMA, LEFT LUNG, WITH METASTASES XXXXX geva rise to Immediate cause DUE TO (a), stelling the underlying

ARTERIOSCLEROTIC HEART DISEASE

UNKNOWN

PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

8/21 /61 - Bronchogenic carcinoma, left lower lobe, bronchus YES

200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.)

OR CONTRIBUTING CAUSE OF DEATH

20d. INJURY OCCURRED Not While

2De, PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.)

ATTENDING

22d. ADDRESS

PHYS.

(County)

(Stefa)

NO

MEDICAL 20c. TIME OF INJURY

CERTIFICATION

Hour e.m. at work et work 21 I certify that xl) (this hospital) attended the deceased from August.

Month, Dey, Yeer

STAFF

1 23d. LOCATION (City, town or county)

toOctober...10., 19.61, that (其 (we) last

228. SIGNATURE

22c. PHYSICIAN'S NAME (Type) THOMAS

CRAHAN,

23c. NAME OF CEMETERY OR CREMATORY Dorchester Memorial Cemetery

DIRECTOR PHYS.

(State)

Maryland

22b, DATE

234. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify)

Burial 24 FUNERAL DIRECTOR'S SIGNATURE

saw the deceased alive on October

ADDRESS

...1961

Cambridge

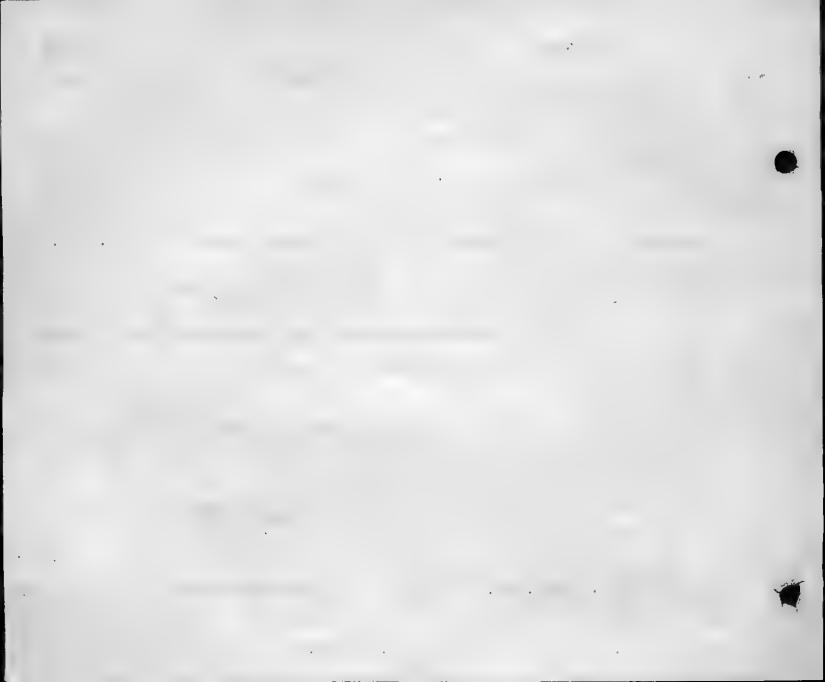
MED.

250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 1 6 61 Archur & Kraus

VR A15 (4) 15M 9/60

Howard H. Hubbard

4107 Wilkens Ave. Balto. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11190 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tryad, If institution, Residence before admission) e. COUNTY **b.** COUNTY Baltimore Baltimore Marvland by the fand 2 s death. MARYLAND b, CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give neerest town) writa RURAL and give nearest town) Towson Towson .E -: Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 1109 Concordia Drive 1109 Concordia Drive papers. NAME OF First DECEASED WAGNER LOUISE CATHERINE (Type or print) carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR , ast airthday) Months Female 30.1921 WIDOWED [ DIVORCED 10a. USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! remove 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Lentzner, Sr. Louise C. Hohn 15. WAS DECEASED EVER IN J S. ARMED FORCES? . 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no or unkown) (If yes give wer or detes of service) Robert G. Wagner-1109 Concordia Dr., 18. CAUSE OF DEATH [Enter only one cause per line for to), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immediata causa **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work D . III 21. I certify that (I) (this hospital) affended the deceased from C) 194: 1, that (1) (we) last 1962 10.CVC save the deceased alive on .. 22a SIGNATURE PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

ector. ÷ ä 5 VR A15 (4) 15M 9/60

After

DIRECTOR

PUNERAL

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filled i

completely

and

physician

ding

24 FUNERAL DIRECTOR'S SIGNATURE Wm Cook-Towson, Inc. York Rd., Towson, Md.

23a, BURIAL, CREMATION,

Dulaney Valley Gardens

23c NAME OF CEMETERY OR CREMATORY

Timonium, Maryland 258. REC'D BY REGISTRAR 256 REGISTRAB'S GIGNATURE

23d. LOCATION (City, lown or county)

DATECT 3 0 '61

a. IS RESIDENCE

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO Z

(State)

22b. DATE

(Stata)

SIGNED

USA

ON A FARM? YES NO T



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 7 USUAL RESIDENCE (Where decassed lived, if institution: Rasidance before edmission) a. COUNTY **b.** COUNTY 4 2 g MARYLAND c CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown) by th b. CITY OR TOWN of outside corporate lim ts. c LENGTH OF STAY IN 15 write RURAL and give nearest town) .s t owson Pages a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address, ON A FARM? YES NO NO completely papers. NAME OF DECEASED (Type or print) DEATH and cor with 5. SEX 16. COLOR OR RACI 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days male WIDOWED IX 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? (County & State or foreign country) done during most of working life, even if retirad? Maintenance 13. FATHER'S NAME Not known aftendir ā 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO . 17. INFORMANT (Yes, no, or unkown) [ (Ifyasgive warordatasofsarvica) 18. CAUSE OF DEATH (Enter only one cause g physician signed by ONSE? AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) certificate has been gave risa to immediate cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 8 0 NO F prior CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., atc.) Whila Not Whila Hour a.m. at work at work 3 should be del 19.41, that (I) (-) last (I) (this hospital) attended the deceased from...... 2.M. hull . 19.61, and that death occured at 9.1.1.M. from the causes and on the date stated above. saw ith deceased alive on... ATTENDING 22b. DATE SIGNED DIRECTOR PHYS. FUNERAL director, page be filed with the 22d. ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, , 23b. DATE THEREOF REMOVAL (Spacify) 24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 arthur S. Hims Harrond



\*,

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MARYLAND STATE DEPARTMENT OF HEALTH

19 61

NO

22b. DATE

(State)

SIGNED

and how in a first X

11193 10 PECAY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any any is necessary, please executed the conficulty writing the word "pending" in pending in lem 18. Give Pages 1, 2, and 3 to the find director. Page 4 should be farmored to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the pagestary prior to burial, cremation, 0

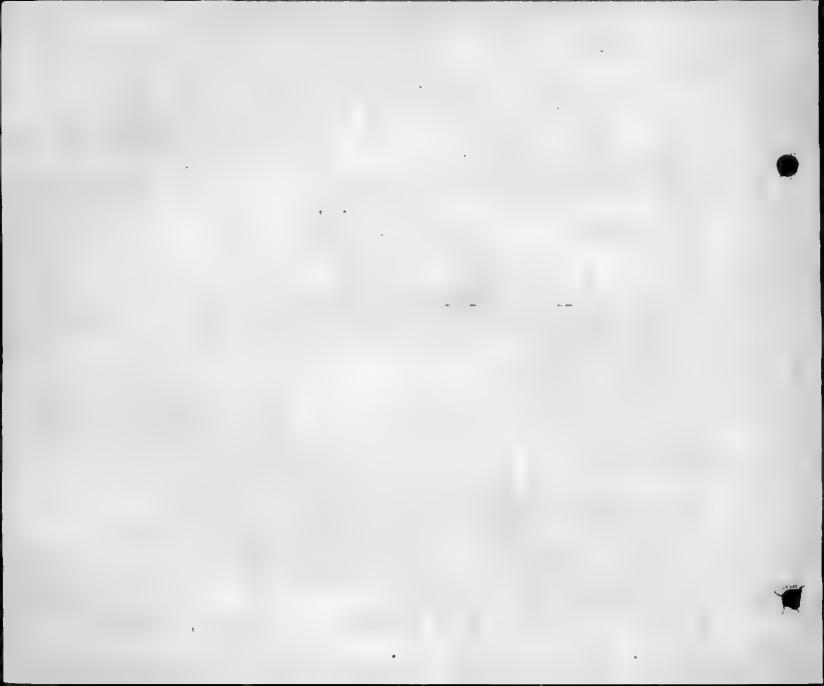
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 11182

o. COUNTY Baltimore MARYLAN	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN   If autoide corporate limits, write BURAL and give negotes! form)	
Middle River #20	Middle River #20
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
69 Cool Breeze Trailer Park	69 Cool Breeze Trailer Park   YES   NO ZEX
3. NAME OF DECEASED (Type or print) SG F1 N H Middle	Wals & DATE Month Doy Year DEATH & 18 196/
5. SEX 6. COLOR OR RACE 7- MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   SFUNDER 1/EAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
WIDOWED DIVORCED	Nov. 3, 1903 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU during most of working (ife, even if retired)	
BollerMaker Boller industr	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. ] 17.	Unknown Address
(Yes, no, or unknown)   [If yes, give war or dates of service)	
No - 176-03-6347	Gladys Welch Same
18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)	Heart dis. ONST AND DEATH
4201 DUETO 11	
Canditions, it ony, which) (b) 1/3 perker 31	m 2 years
gove rise to immediate cause (a), stating the underlying DUETO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 1
	(Enter nature of injury in Port 1 or Part 11 of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) crary, street, affice bidg., etc.)
21. I certify that I toak charge of the remains described ab	pave, held an Autapsy, Inspection, Inquiry, and find that
death resulted frame Natural causes . Accident . S	vicide 🔲, Homicide 🔲, Undetermined cause 🔲.
La lila and	DATE SIGNED
ACTUAL SIGNATURE DELLE COLLEGE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S SACL @ Colliers	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   OFFICE OF THE STATE OF THE S
22g. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Borial   10/21/61.   Baltimore Co	
23. FUNISAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
James E. Bruzdzinsky 1407 Eastern Ave.	DATE OCT 2 0 61 Chilling S. Ytraux

VS. A15ME(5) X 5M 9/55

or removal.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore ф Ч2 MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, and E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURA), and give nearest town) by Fort Howard Days .57 Baltimore 23 filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Veterans Administration Hospital Favette Street completely 3. NAME OF DATE Middla DECEASED OF (Type or print) DEATH 1967 HOWARD October carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 3 last birthday) and Months Hours Male Negro WIDOWED [ DIVORCED [ November 23,1928 physician 10a. USUAL OCCUPATION (Giva kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratirad) Bartender Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Herman C. West Hazel Giles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval (Yes, no, or unkown) | (Ifyasgiva war or dates of sarvica) Clinical Records.VAH. Baltimore 18. Maryland HOWARD DIVISION WW. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physic as been signed b burial-transit per BRONCHOPNEUMONIA 3 Days IMMEDIATE CAUSE (a) 火火火火 火火火火 CIRRHOSIS OF LIVER UNKNOWN Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), stating the undarlying has certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO ò 208. ACCIDENT WAS UNDERLYING [ 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH jo 1 Pis Affer 20d. INJURY OCCURRED 20s. PLACE OF NJURY (Home, farm, 20f. [City or town] (County) (Stata) 20c. TIME OF INJURY Month, Day, Year Not Whila factory, streat, office bldg., etc.) While at work at work det may be retaine DIRECTOR: 21. I certify that 10 (this hospital) attended the deceased from October .83.750 961, to October ... 13, 1961., that (3) (we) last pe plnods .....1961..., and that death occured ala......M, from the causes and on the date stated above saw the deceased alive on October 13 aje 226. DATE 22a. SIGNATURE ATTENDING SIGNED 10/13/61 PHYS. DIRECTOR PHYS. M D FUNERAL 22c THYS CIAN'S 22d. ADDRESS NAME (Type) VAH BALTIMORE SEBASTIAN RUSSO, M.D. 18, MARYLAND, FT. HOWARD DIV. ector. filed 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 1236 DATE THEREOF REMOVAL (Spacify) 10-17-61 ÷ 8 Burial 0 Baltimore National Cem. Baltimore 28, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) cuar 15M 9/60 Cooper, 510-12 Carrollton Ave. Balto. Ling & House Md.

ending

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W. PRESTON STREET, BALTIMORE I MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) Baltimore b. COUNTY 1008 Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Fort Howard 20 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Administration Hospital YES 1003 NOV Bennett\_ 3. NAME OF 4. DATE Month DECEASED OF (Type or print) BURNING DEATH WHITTE 19 October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male Negro WIDOWED [ 22,1889 DIVORCED [ October 10a, USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Crane Operator - Ret. Washington N. Carolina U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward White Susan - Maiden name unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesq vewarordalesofservice) Clinical Records, VAH, Baltimore 18, Maryland Yes WW Fort Howard Division ills. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] OMSET AND DEATH PART I, DEATH WAS CAUSED BY: BILATERAL PNEUMONTA 1 DAY + IMMEDIATE CAUSE (a) MYOCARDIAL SCLEROSIS DUE TO UNKNOWN gave rise to immediate cause XXXXXXX LUETIC AORTITIS UNKNOWN (a), stating the underlying cause last, CHRONIC CYSTITIS UNKNOWN \_\_\_\_ PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PERFORMED? YES TO NO 20b, DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of litem 18.) 20a. ACC DENT WAS UNDERLYING . OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) While Not While factory, street, office bldg , etc.) Hour a.m. at work 21. I certify that (K (this hospital) attended the deceased from September 13161 , toOctober...3...., 161..., that xit (we) last ......1961., and that death occurred amount, from the causes and on the date stated above. saw the deceased alive on Oct. 22b. DATE 22a. SIGNATURE /5/63 PHYS. D RECTOR PHYS. 22d ADDRESS SEBASTIAN RUSSO, M.D. VAH, BALTIMORE 18, MARYLAND, FT. HOWARD, DIV. 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) Burial (Specify) 28, Maryland Baltimore Baltimore National 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE OCT Funeral Home 1000 Brantley Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

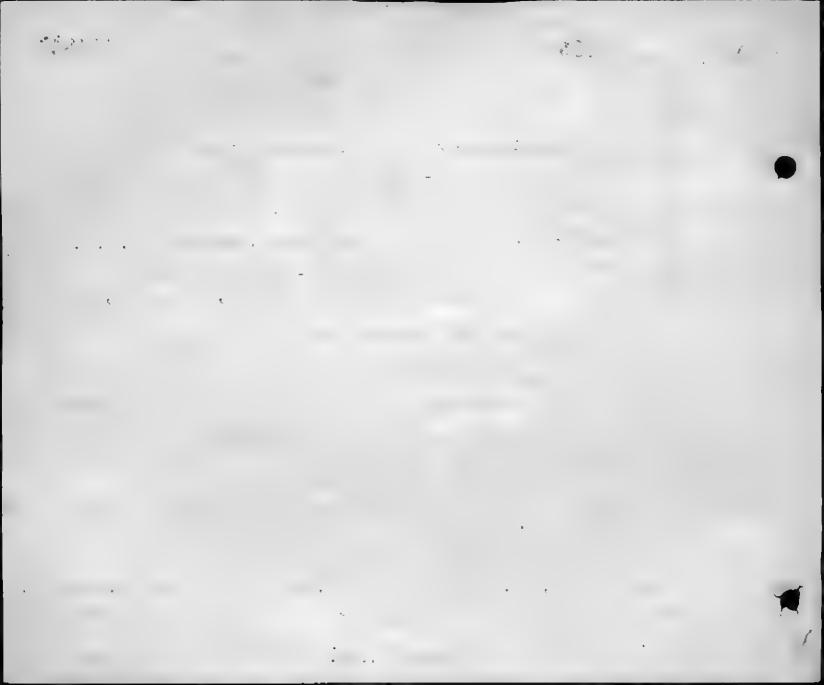
by the land 2 seed death. after .57. Pages сопрі physician remove please aftending and Then certif prior Por detached for After reta ned

may be retained. DIRECTOR: 3 should be del Page 4

0 5 8 de **VR A15 (4)** 15M 9/60

page

ector.



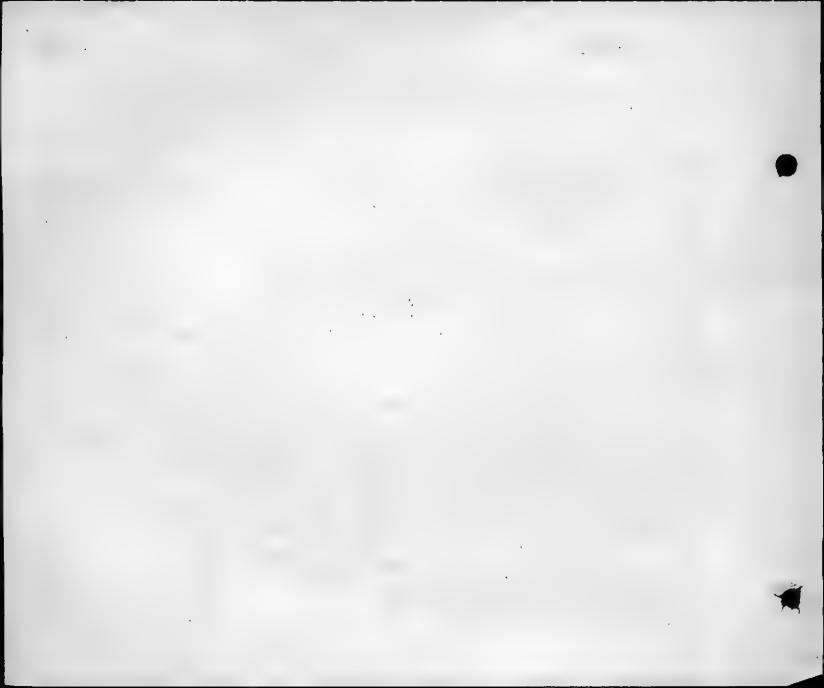
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11196

TO HO ALOR ATTENDING PHYSICIAN: THE TOWN THE TOWN THE TOWN THE TOWN THE CHANGE OF TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and to FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the stall board by the detailed for use as the burial transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with page 3 should be detailed for use as the burial, cremation, or remaind, and in any event, within 72 haurs after death.

11185

/m		PLACE OF DEATH		2. USUAL RESIDENCE (Whe			nce before admission)
13	٩	O. COUNTY BALTO	RECEIVED.	o. STATE		. COUNTY 17/	KTO.
$\mathcal{I}$	ŧ	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STA	AY IN 15	c. CITY OR TOWN (If ou	utside corporate lin	nits, write RURAL and	give nearest town)
		RURAL ond give regrest town)		X ESSE	X		
	-	d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE
V	A (	OR INSTITUTION.		1918 10	ノアフ	AVE	ON A FARM? YES TO NO TO
	2	NAME OF First Midd	dia.	Last	4. DATE	Month	Day Yeor
	- (	DECEASED	VIE	1 1 1 1 1 1	OF DEATH	OC. T	17 19 6 /
	5. 5	SEX   6. COLOR OR RACE   7 MARRIED   NEVER MAR	RIED 🗍	B. DATE OF BIRTH			TYEAR IF UNDER 24 HRS.
	1		CED 🔲	3-18-8	Solosi	birthdoy) Manths	Doys Hours Min.
	10a	. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE (State of	or foreign country)	12, CIT	IZEN OF WHAT COUNTRY?
	12	during most of working life, even if settred)  RALTO, TRANSIT(RETIRED)		MAR	V LAIN	0 7	1. 10.
		FATHER'S NAME		14. MOTHER'S MAIDEN A			
1		Unknown		Thus	knou		
1	26	WAS DECEMENDED IN IL S. ADMED COOKERS IN COCKA SECTIONAL	10 117 18	IFORMANT	C-, C4-12		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N. s. no. or unknown) (If yes, give war or dates of service)	10. 17. 16	TORMANI A	2	Address	1.
		<u> </u>	35 1/	10.6 Thel	unesal	James	so alione)
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (	c).] (				INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAR DIAC	D.	ECOMPEN	15ATTI	01	2 WEEKS
		DUE TO ARTERIS	0 - 5	CLEROT	<u>′</u> _		
		Conditions it and subject 14700		ISEASE			204/85
		gove rise to immediate	p-a	,, , , , , , , , , ,			
		Luise (b), stating the under-					
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT BUILDING TO THE TURNING	NAL DISCASE CON	IDITION CIVEN IN DA	T W-V 10 WAS AUTORSY
~	TO.	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVEN IN PA	PERFORMED?
Ō	Z)						YES NO Z
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH	OCCURRE	D. (Enter noture of injury in P	ort I or Part II of	item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	Š	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		ACE OF INJURY (Home, farm, stary, street, office bldg., etc.)		wn)	County) (State)
	MEDICAL	Hour a.m. While Not while p.m. 19 at work at work	101	adiy, siresi, oldicə biog., etc.)	'		
		21. I certify that (I) (this haspital) attended the decease	d from	NAV 15 10	8:000	T // 106	/, that (I) (we) last
		saw the deceased alive an OCT 16 1961, ar		1045	Ad from the c		a data stated above
		220. SIGNATURE	ia mar c	leath accurred at	M, from the c	duses and an in	22b. DATE
		Joseph March		M.D. PHYS ATTENDING ME	D. ST/		SIGNED
		22c. PHYSICIAN'S		22d. ADDRESS	RECTOR PH	YS. [_]	13 4 15 20 70
		NAME (Type) JOSEPH MICELI M	4.0,	108 5.7	A Y1.00	RALE	BALTO.21
							190
	23a	BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CE			23d. LOCATION (	City, town, or county)	(Stote)
	13	WRIAL 10-20-61 BALTE	0. 0	EMETERI	_ BA.	LTO, CVT	y me,
-	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1		BY REGISTRAR	255, REGISTRAR'S SI	GNATURE
-		John J. Connelly 418 Gast	erns	DATE OC	T 2 3 '61	Chithun &	* Kraus
	7						



and

**ADDRESS** 

INC. BALTO. MD.

12 ra

SONS

ending physician DIRECTOR P

alive on

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) Ose

220. BURIAL, CREMATION, 22b. DATE THEREOF

SANDER &

23. FUNERAL DIRECTOR'S SIGNATURE

Ö VS A15 (4) 15M 9/58

19. WAS AUTOPSY PERFORMED? YES INO IN (Stote) 1901, that I last sow the deceased that death occurred at .A.M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** Loch Raven Blvd 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) Baltimore Cemetery Baltimore Maryland 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirthur S. Krace DARCT 3

IS RESIDENCE

ON A FARM?

YES NO K

Hours

Yeor

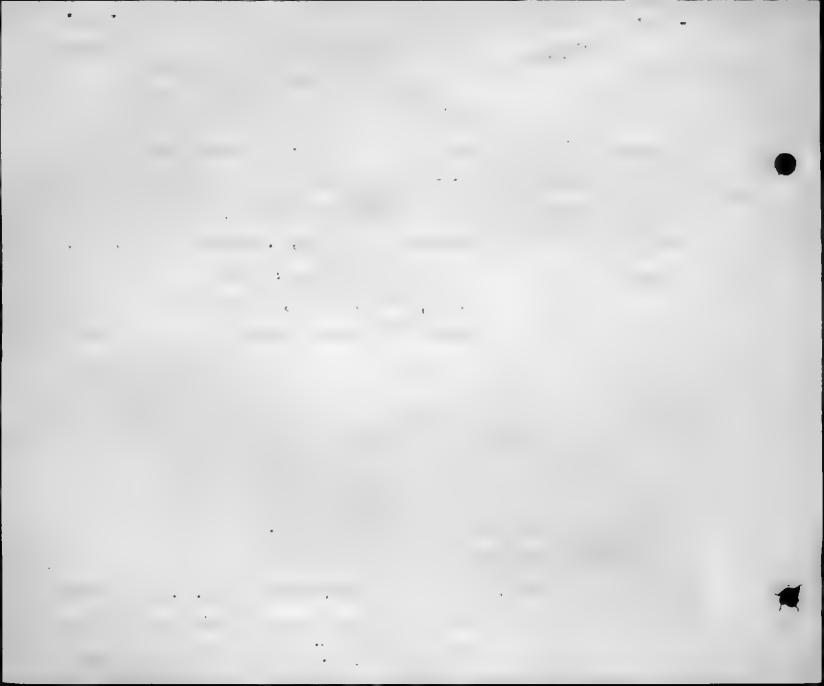
1961

Min.



MARYLAND STATE DEPARTMENT OF HEALTH

funeral 4 5 P and þ 2 completely and cor cian гетоме physic Building <u>ē</u> ģ airending physic has been signed to burial-transit per certificate ģ After 4 may be retained I DIRECTOR: After 3 should be detact FUNERAL director, be filed ŏ YR A15 (4) 15M 9/60



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ar. Page 4 should be		NERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages i and 2 with the eggs prior ta burial, cremation,	
. Page		ta burial	(
certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be	extend to the Chief Medical Examiner's Office along with form MM3. Noon any be retained for the iles.	r prior !	
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certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fu	Dup	urial	
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11190 TO DECAY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any detay is nec cut the certificate, writing the word "pending" in pending in them 18. Give Pages 1, 2, and 3 to the full director, forestated to the Chief Medical Examiner's Office along with form 1843. Rogs 1 may be retained for the item.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regiment prior to an removal. VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NJ. 1188

I.	PLACE OF DEAT o. COUNTY Balti	и mor	e Co.				MARYLAND	2. USUAL R o. STATE	ESIDENCE (Wh.			university all			ssion)
	Dunds	VN (If out		s, write EUR	AL	c. LENGTH	OF STAY IN 16		ndalk	utside corp	porote limits, s	vrite RURAL	ond give r	earest to	wn)
L.	7040		or institution	ON (If not	in hosp	ital, give stre	et address)		ADDRESS 40 Dunt	oar R	d.			ON	A FARM?
	NAME OF DECEASED (Type or print)	И	ALte	First		H."	Aiddle	Wil	Ver 4	OF DEATH	Octo	lonih iber	15		961
5. :	SEX M		COLOR OR R		MARRIE		MARRIED 8	Jan. 2		9	9. AGE (In yet lost birthday)	Month:	Days	IF UND Hours	ER 24 HRS. Min.
10a	USUAL OCCU during most of w I'd	PATION Vorking I	(Give kind of vite and of vite	rork done red)	1	teel	VESS OR INDUST		PLACE (Stote of Sylvani		ountry)		J.S.A		COUNTRY
13.	George		ver						s maiden na Cora		Stah				
15. (Yes	WAS DECEASE (, no. or unknown) 110		IN U. S. ARMEI yes, give war or do			OCIAL SECU		FORMANT Lian E	. Wilve	er, 70	Add 040 Dur		d., D	rmda	lk 22
		DÉATH IM	Enter only on WAS CAUSED MEDIATE CAUS	BY:	10	or (0), (b), on		Occio	1310					ET AND DE	
	/20 Conditions, gave rise to in	if ony,	which)	(b)	Ec	Um	anda	Hery	der.				2	41	>
	(o), stoting to	the und	erlying DUI	(c)			0								
ICATION					- In-		O DEATH BUT N					GIVEN IN F	, ,	PERFC	AUTOPSY PRMED?
L CERTIF	PRIMARY OF DE	CONTR	WAS IBUTING	20b. DI	ESCRIBE	HOW INJURY	Y OCCURRED. (E	nter noture of	injury in Port I	or Port II	of item 18.)				
MEDICA	20c TIME OF I		Month, Day	, Year 19	While	Not wh	ile focto	E OF INJURY ory, street, office	(Home, form, ce bldg., etc.)	20f. (City	or town)	{	County)		(Stote)
		Andrew Street,	I took cho om:) Natu	_			scribed obo	_	n Autopsy Homicide [		nspection   ndetermine			<del>, a</del> nd	find that
	ACTUAL SIGNATURE		bucis	i l	1	vili	in	_M.D. CHIEF	MEDICAL EXA	MINER 🔲				DATE S	IGNED
	EXAMINER'S NAME (Type)	/-	54. L.	0	0	3(1.N	5		ANT MEDICAL Y MEDICAL EX		_		1	6-11	1-61
	BURIAL CREM REMOVAL ISP DULLI BL	ecify)			961	Oak L	EWN Ceme				rion (city, to ate, Md		r)	(State	•}
1	funeral direct			e, Du	nda.	ADDRESS Llc, Mai			DATE OCT			EGISTRAR'S		RE	



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PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO 1961 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? RDEEN INTERVAL BETWEEN WAS AUTOPSY PERFORMED? NO Z (State) (County) M, from the causes and on the date stated above. SIGNED 23d. LOCATION (City, lown or county) (Stete)

arthur S. Thrus



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11204 CERTIFICATE OF DEATH

1	1				
7		PLACE OF DEATH	1	2. USUAL RESIDENCE (Where daceased lived, if institution; Res	idenca befora admission)
	_ '	Galtwore	MARYLAND	. STATE maryland b. COUNTY Bay	Himere
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	give nearest town)
		Gallunore	2 weeks	Galleure	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	15	pring Grow Clate Hosp	etal calonivelle	1250 maple line.	YES NO
		NAME OF First	Middle	Last /4. DATE Month	Day Year
ļ		DECEASED (Type or print)  William	1-1	Wright DEATH Oct	1961
	5.	SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In years   If UNDER TY	
		M Wh widow		7-3-1878   835 birthday) Months Da	rys Hours Min.
	1Da.	USUAL OCCUPATION (Give kind of work be during most of working life, even if retirad)	CIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPEACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	2	from markelin B.	+O.R.R.	Md. U	d.a.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Orven Wright (dea	d)	Louise Wright (deleased)	
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	2
	,	NO	m	7. Melvin Wright (Ron)	
		18. CAUSE OF DEATH Enter only one cause per	lina for (a), (b), and (c).]	/	INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	sibly breun	onia	ONSE! AND DEATH
		450.1) DUE TO	7 -		
		Conditions, if any, which \ (b) was	d mubitural	plate	
		gave risa to immadiata causa (a), stating the undarlying DUE TO		A 0 4	
		cause last. (c)	everalyed a	rteres eleroies	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION				YES NO
4	RTIFE	20a. ACCIDENT WAS UNDERLYING   20b. DE: OR CONTRIBUTING   CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter nature of in'ury in Part I or Part II of Itam 18.)	
224		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Yasr 20d. Hour a.m. While		CE Of INJURY (Home, farm, 2Df. (City or town) (Country, street, offica bldg., etc.)	y) (State)
	MED	p.m. 19	0 1401 1411119		
		21. I certify that (I) (this hospital) after	ided the deceased from	SEPT. 29, 1961, 10 OCT. 1, 196	that (I) (we) last
		saw the deceased alive on OCT.	19.6 /, and that	death occured a	e date stated above.
1		22a. SIGNATURE		ATTENDING MED. STAFF 1	22b. DATE SIGNED
ı		+ rella Hou	M.	D. PHYS. DIRECTOR PHYS.	7 - 61
Ų		22c. PHYSICIAN'S NAME (Type) LORETTA H	60	LORING GROVE STATE HE	OSPITAL
				2	MAN 14 A
		BURIAL, CREMATION, 236. DATE THEREOF	230. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
		3 yrial 10/4/81	doncton a	cent Cemely Ballmore, M.C.	my come!
	7	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	258. REGISTRAR'S SIG	
	1	Morioc, pre. 1328 dulps	hur Syring 14	el. DATELLI 4 '61 arily 8, to	salle
	0		0		



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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a STATE **b** COUNTY MARYLAND Baltimore Baltimore Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give nearest town) Rural Hebbville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO McDonogh School - Pikesville 6746 Windsor Will NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type or print) Clara 19 Younger Oat 26 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF LINDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9 AGE (In years S. SEX lost birthday) Months Doys Hours Min. DIVORCED | WIDOWED -Female White Jan. 1887 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? II S Housewife Hebbylle

14. MOTHER'S MAIDEN NAME none 13 FATHER'S NAME 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY 2 1100 IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (b), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDS YES NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Month. Doy, 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while at work ot work p. m. 26 . 19.0/, that (I) (+++) last 21. I certify that (I) (this hospital) attended the deceased fram.\_\_\_ , and that death accurred at A.M. from the causes and an the date stated above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE &IGNED ATTENDING MED. STAFF PHYS PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Paul Royse Pikesville 8. Maryland 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Randallatown Burial Mt. Olive Cemetery Marvland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR 8728 Liberty Rd. DATE OCT 3 0 '61 arthur S. Kraus Randallatown, Md.



FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1 192

E OF DEATH

OF DEATH

a. COUNTY	ri .				institution: Kasidanca Detara admissio
	Ltimore	MARYLAND	New Jer	b. coun	/
	(if outside corporate limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Write RUKAL en	d give nearest town}		Washin	eton	[ ] X -:
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in	hospitel, give straet eddress)	d. STREET ADDRESS	50011	, IS RESIDENCE
Con		The Secretary II	03 F D.	ala Arramon	ON A FARM
3. NAME OF	ene of accident	- Pulaski Hgwy.	Lasi	ch Avenue	
(Type or print)		_		OF DEATH	
5. SEX	RICHARD	L.	DATE OF BIRTH	19. AGE (In years )	
		THE TEN MARKIES		last birthday)	Months Days Hours Min.
Male	THE ACT OF	WED DIVORCED	10/14/36	24 yrs.	
done during most of we	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTE
	driver	chemical	new jer	sey	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		17.1
Henry	Zeller s		Agnes C	ryan	
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Tes, no, or unkown) (	[fyesgivawarordatesofservice]	136-26-8605			
1 18. CAUSE OF I	DEATH [Enter only one cause p				I INTERVAL BETWEEN
	TH WAS CALISED BY.				ONSET AND DEATH
0 1	IMMEDIATE CAUSE (0) CTU	shing injury of	chest with p	erforation of	chest
816	X XSVECTOR	wall			
Conditions, if an					
V gava rise to immed	liate cause				
(e), stating the cause last.	inderlying				
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	EN IN PART 1(6) 19. WAS AUTOPS
0F	N SIGNIFICATION SOLUTIONS				PERFORMED?
2				7 - P- + H - F ts 40 3	YES NO
PART II. OTHE  O TO THE  20a. EXTERNAL C  PRIMARY X or CC  CAUSE OF DEATH	ONTRIBUTING [	SCRIBE HOW INJURY OCCURED, (E	nter nature of injury in Peri	f or Peri II of Ifem Ib.}	
		Ran into back o	f acid truck		
ZOc. TIME OF INJU		od. INJURY OCCURRED 200. PLA	CE OF INJURY (Homa, farm ary, street, office bldg., etc.		(County) (State)
Hour e.m.	20101-12 1	work at work Pula		_	altimore. Maryla
	10/-5/	remains described above, he		Inspection X. Inquir	
death resulted		, Accident 🗶 Suici		Undetermined m	
negili tesulied	Ivaluial Causes	Accident A Suici		_	anno.
	1.1	1/21 - D. A	Medical	Investigator	X
ACTUAL SIGNATURE	1020	1 velle 21	M,D.	CAL EXAMINER	DATE SIGNED
REAMODER'S			DEPUTY MEDICAL	EXAMINER	10/2/61
NAME (Type)	Peter W. Rieck	ert, M.D.		ity, town, or county)	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City town,	or country) (State)
removal	10/3/61	St./Josephs		Washington N	Ja
23. FUNERAL DIRECTO		ADDRESS	24a. REC		STRAR'S SIGNATURE
W4774em	Tohngon 1	551 Northern 1	PLWV DACT	4 161 Chrism	1 S. Thurs
MITITIEM	F. JOHNSON T	DOT MOLITICIAN I	K.W.Y		

UTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death, it amy dialay is necessary,

WEFLI 50935 major the life was the first a confidence to much facing water daing About to in the original of the part of th well strates to the tent and ES/S/WI strayed to the strain of the s Malitan I. walkers I'm Torkers Harriston . I walted

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 11204 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. SMaryland b. COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Reistertown 18 vrs. Reistertown d. NAME OF HOSPITAL (If not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NOTA Berrymans Lane Box 328 Rt. 2 Same puo NAME OF 4. DATE First Middle Lost Month Yeor Day filled DEATH Pages (Type or print) 19 Clifford Zimmerman Oct. IF UNDER 1 YEAR IF LINDER 24 HRS. 9. AGE (In years last birthday) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely Months Doys Hours Min Male White WIDOWED IX DIVORCED | Jul. 24. 1878 YES. papers. 5 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Construction Ohio Retired Carpenter U.S.A. puo pou R 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 5 physician Mary Talley with. Jacob Zimmerman 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address event attending 296-09-8452 Mrs. Frank Jones Berrymans Lane Rt. 2 Box No. please ATTENDING PHYSICIAN: The law requires that the death any INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary Thrombosis 3 days IMMEDIATE CAUSE (a) pub **DUE TO** P remayol, gned b Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stating the underhas been si by the hospital ar attending physician. lying cause last. burial-transit ŏ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION crematian, PERFORMED? YES NO THE 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II ar Part III af item 18.) none SO 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) use d factory, street, affice bldg., etc.) g. m While Not while After this noffe of wark of wark none priar be detached far to 10-11-61 19 that (I) (we) last 6-27-44 2). I certify that (1) (this haspital) attended the deceased fram. 10-10-61 19 Health , and that death accurred at 8P M, from the causes and an the date stated above. saw the deceased alive an TO FUNERAL DIRECTOR: 22o, SIGNATURE 22b. DATE 10-12-61 ATTENDING PHYS. MED. DIRECTOR STAFF ö M.D. PHYS. be retained Boord 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) D. Caples. M. D. 6 Hanover Rd., Reisterstown, Md. page 3 sh the State | 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23o. SURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Entombment Lorraine Pk. Baltimore, Maryland Mausoleum 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2Sq. REC'D BY REGISTRAR DATE OCT 1 3 '61 William S. Thouse VR A15 (4) 15M 9/59 D.Sm

er death. Page

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